



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

2008

FOR AGENCY USE ONLY 100148

Date Received

21-MAY-2008

JUN -9 AM 7:31

Repository ☐

Reference No.
10228382

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City YORK State PA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will not send this report to the vehicle manufacturer.

Signature of Owner _____

Date 052808

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3FAFP15P5X _____

Make
FORD

Model
ESCORT

Model Year
1999

Date Purchased _____

Dealer's Name and Telephone Number
APPLE FORD

Engine:
No: Cylinders

Fuel Type:

Original Owner ☒

Dealer's City
REDLINE

RED LION PA

State
PA

Zip Code _____

04

GAS

Transmission Type

☐ Antilock Brakes
☐ Cruise Control

Powertrain

Vehicle Component Code
022000 SUSPENSION:REAR

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
19-APR-2006

Failure Mileage
38350

Failure Speed
0

REAR COIL SPRINGS

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash
☐ Yes ☒ No

Fire
☐ Yes ☒ No

Number of Persons Injured
0

Number of Deaths
0

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1999 FORD ESCORT. DURING A VEHICLE SAFETY INSPECTION, IT WAS DISCOVERED THAT THE DRIVER SIDE REAR COIL SPRING FAILED AND NEEDED TO BE REPLACED. APPROXIMATELY TWO YEARS LATER, THE REAR DRIVER AND PASSENGER SIDE COIL SPRINGS FAILED AND WERE REPLACED. THE CURRENT MILEAGE WAS 59,000 AND FAILURE MILEAGE WAS 38,350.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THE FIRST FAILURE WAS AT 38350 MILES ONE SPRING
THE 2ND FAILURE WAS AT 59000 MILES BOTH REAR
SPRINGS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

LANCASTER PA 176

29 MAY 2008 PM 2 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

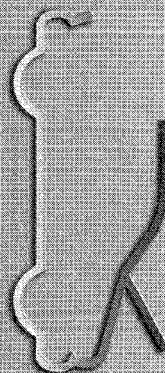
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

