U.S. Department of Transportation

National Highway Traffic Safety Administration

2007 FEB -2 PM 1:11

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

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
18-SEP-2008	Reference No. 10242795

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City GLENDALE	**State** AZ	**Zip Code** [redacted]	

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 provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3FAFP113X2[redacted]	FORD	ZX2 (ESCORT)	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 150000 SEAT BELTS
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-SEP-2008	79350	0	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2002 FORD ESCORT ZX2. WHEN THE CONTACT ATTEMPTED TO USE THE REAR PASSENGER SIDE SEAT BELT, SHE NOTICED THAT IT WOULD NOT EXTEND OUTWARDS OR RETRACT TO ITS NORMAL POSITION. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC AND THE CONTACT WAS INFORMED THAT THE SEAT BELT RETRACTOR NEEDED TO BE REPLACED. THE VEHICLE HAS NOT BEEN DIAGNOSED BY THE DEALER.. PRIOR TO THE FAILURE, THE CONTACT NOTICED THAT THE SEAT BELT WAS HAVING MINOR RETRACTING ISSUES. THE CURRENT AND FAILURE MILEAGES WERE 79,350.

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 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.

Customer Number: [redacted] Invoice No: **455022**

[redacted]

PHOENIX, AZ [redacted]
Home: [redacted] Bus: [redacted] Cell:
Email:

DUPLICATE 1
PAGE 1

PIONEER Ford
13680 West Test Drive
Goodyear, AZ 85338
(623) 298-3900
www.pioneerford.com

SERVICE ADVISOR: 13 JOHN G GRIFFITH

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
DK-SHADOW-	02	FORD ZX2	3FAFP113X[redacted]	[redacted]	80209 80209	[redacted]

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
11MAY02	23JAN02		17:00 28OCT08		0.00	CASH	28OCT08

R.O. OPENED	READY	OPTIONS: DLR:PIONEER ENG:2.0 TRN:A
08:48 28OCT08	17:31 28OCT08	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A RR SEAT BELT SOP HERE-SEE ADRIAN			
30 SOFT TRIM REPAIRS			
85 C		97.00	97.00
1 XS4Z*63613B84*AAB KIT - CHILD SEAT COUPLING BELT	101.35	66.89	66.89
PARTS: 66.89 LABOR: 97.00 OTHER: 0.00	TOTAL LINE A:		163.89
80209 1.0 REPLACED RIGHT REAR SEATBELT ASSY.			
**********			
B MULTI-POINT INSPECTION			
99P MULTI-POINT INSPECTION			
85 C		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00	TOTAL LINE B:		0.00
80209 PERFORMED INSPECTION:			
**********			

CASH ___ CK ___ AMT $ ___
CR CD X AMT $ 179.95 [redacted]
CUST AMT ___ CONT $ ___ 10/28/08

6.36

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 97.00
PARTS AMOUNT	$ 66.89
GAS, OIL, LUBE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 9.70
TOTAL CHARGES	$ 173.59
LESS INSURANCE	$ 0.00
SALES TAX	$ 6.36
PLEASE PAY THIS AMOUNT	**$ 179.95**

Customer Copy

X4S12.280 1
SERVICE INVOICE #2 XST2C

PIONEER FORD
13680 W. TEST DRIVE
GOODYEAR, AZ 85338

TERMINAL I.D.: T8497417

MERCHANT #: 000941000071403

VISA
[redacted]
SALE

BATCH: 000866 INVOICE: 455022
DATE: OCT 28, 08 TIME: 18:38
RRN: 830300321883 AUTH NO: 073828

TOTAL $179.95

DIANA L ORTIZ

THANK YOU

CUSTOMER COPY