

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects National Highway Traffic Safety Administration (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received: 23-JAN-2009 Repository: <input type="checkbox"/> Reference No.: 10256132	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City KAUKAUNA	State WI	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 1FMYU93134	Make FORD	Model ESCAPE	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
<input type="checkbox"/> Cruise Control			Incident Date(s): 01-DEC-2008
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS		Failure Mileage 90000	Failure Speed 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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2004 FORD ESCAPE. THE CONTACT NOTICED THAT THE AIR BAG WARNING INDICATOR WOULD CONSTANTLY ILLUMINATE ON THE INSTRUMENT PANEL. HE TOOK THE VEHICLE TO THE DEALER AND THEY REPLACED THE SEAT BELT PRE-TENSIONER CONNECTORS AT THE COST OF \$480.48. THERE HAD BEEN NO OTHER FAILURES SINCE THE REPAIR. THE FAILURE MILEAGE WAS 90,000 AND CURRENT MILEAGE WAS 91,731. I TOOK THE VEHICLE TO AN HUSS AUTO TO GET THE PROBLEM FIXED. NOT A FORD DEALERSHIP			
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.			