

 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	
U.S. Department of Transportation National Highway Traffic Safety Administration 2010 FEB -1 PM 1:45				Date Received 14-JAN-2010	Repository ☐ Reference No. 10299709
OWNER INFORMATION (Type or Print)					
Name				Daytime Telephone Number	
Address				E-mail Address	
City COVINGTON		State KY	Zip Code		
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3FAFP13P61R			Make FORD	Model ESCORT	Model Year 2001
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	Powertrain	Multiple Failure:		Incident Date(s) 11-JAN-2010
	☐ Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 020000 SUSPENSION				Failure Mileage 55000	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: DOTM9ABC036)		☐ 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	Number of Deaths	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 2001 FORD ESCORT. THE CONTACT STATED THAT IN 2006 THE RACK AND PINION WAS REPLACED; HOWEVER, IT CURRENTLY HAS TO BE REPLACED BY THE DEALER. THE CONTACT STATED THAT SHE IS RESPONSIBLE FOR PAYING THE REPAIR COST. THE FAILURE MILEAGE WAS 55,000.					
APPROX. MAYBE 60,000 NO IT DID NOT HAVE TO BE replaced by the dealer. IT IS THE 2ND TIME I'VE HAD TO HAVE THIS REPAIR DONE & RACK & PINION SHOULD LAST THE LIFE TIME OF THE VEHICLE IS WHAT THEY TOLD ME.					
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.					