Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 12-MAY-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 745255

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location of number and number of digits)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMCU04101KF32712	FORD TRUCK	ESCAPE	2001	

Purchase Dat				
01-NOV-2000 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12240000 03230000 07450000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS BRAKES:HYDRAULIC:MASTER CYLINDER POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	05-MAY-2001	5430 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

LEFT REAR PASSENGER RESTRAINT WAS JAMMED AFTER THE FIRST USE. THIS PART WAS REPLACED AND IT WAS JAMMED AFTER THE FIRST USE. IT WAS REPLACED A SECOND TIME AND IS CURRENTLY FUCTIONAL BUT THIS IS THE FIRST TIME IN 4 MONTHS SINCE PURCHASE DATE THAT IT HAS BEEN FUNCTIONAL. REAR DIFFERENTIAL HAD A BROKEN SEAL AND WAS LEAKING. THIS PART WAS REPLACED AND IS NOW FUNCTIONAL. THE MASTER CYLINDER WAS CRACKED AND REPLACED. THIS PART IS NOW FUNCTIONAL. THE POWER STEERING WAS EFFECTED WHEN PART OF THE POWER STEERING SYSTEM FELL OUT OF THE CAR WHEN THE VEHICLE WAS PUT IN PARK. THE PARTS (INCLUDING ALTERNATOR, BELTS AND SPRING) LITERALLY FELL OFF THE CAR. THIS COULD HAVE RESULTED IN MANY FATALITIES AS THE VEHICLE WAS ON THE HIGHWAY ONLY MINUTES PRIOR WITH A CAR FULL OF PASSANGERS. THE F

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