785911

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 3/16/02 12:36PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (http://www.cartalk.cars.com/Tools/nhtsa.pl) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, March 16th 2002 at 12:36:24 PM

VECHICLE OWNER'S QUESTIONNAIRE
==========

OWNER INFORMATION

[redacted]

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1FASP15J3SW244856
MAKE: FORD
MODEL: ESCORT LX -SW
YEAR: 1995

ODOMETER: 27115
PURCHASE DATE: 03/12/02
NEW OR USED: Used

DEALER NAME: SUPERIOR AUTO SALES
ADDRESS: PINELLAS PARK, FL 33756

ENGINE SIZE: 1.9
CYLINDERS: 4

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: Front
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: Yes
BODY STYLE: Station Wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: BOTH FRONT RESTRAINT SAFETY BELTS--ODOR OF GASOLINE WHILE STOPPING IN MOTOR

PART NAME(S):

LOCATION: Front

NUMBER OF FAILURES:

DATE(S) OF FAILURES: 03/12/02

MILEAGE AT FAILURE(S): 27115

SPEED AT FAILURE(S): STATIONARY - MOVING

MANUFATURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:
FIRE:

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: $

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

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 1068

Date Received: 16-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 785911

OWNER INFORMATION (Type or Print)

BERNARD SOLOWAY 751617
7617 90 WAY NORTH
SEMINOLE FL 33777

Work Number:
Home Number: 727-392-2040

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FASP15J3SW244856	FORD	ESCORT	1995	

Purchase Dat: 12-MAR-2002
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 4 CYL
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
06100000	FUEL:FUEL SYSTEMS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	12-MAR-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 27115		
	Vehicle Speed at Failure(s) 5		

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				☐ Yes ☒ No

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

CONSUMER STATES THERE IS AN ODOR OF GASOLINE WHEN STOPPING. *SLC

CONTINUE ON A SEPARATE SHEET

ADDITIONAL COMMENTS

CONTACTED DEALER WHO STATES THAT RESTRAINT SAFETY BELTS WOULD LOCK ON IMPACT OF 5 MILES PER HOUR & DO NOT NEED REPACEMENT. MANUAL STATES THAT A HARD PULL ON BELTS SHOULD ACTUATE LOCKING MECHANISM BUT THIS DOES NOT OCCUR -- WITNESSED BY RAYCO WHO INSTALLS SEAT BELTS SLIP COVERS.BOTH HORIZONTAL & DIAGOPNAL BELTS FAIL TO LOCK WHEN SHARPLY PULLED --MY LIFE & OTHERS ARE AT RISK , IF NOT REPAIRED--PLEASE ADVISE, BSOL1919@CS.COM--B.SOLWOAY BOX 10216, LARGO, FL 33773

END OF FORM

Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

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Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 785911

[redacted]

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

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FASP15J3SW244856	FORD	ESCORT	1995	

Purchase Dat: 12-MAR-2002 ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 4 CYL) 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 Utl ☐ 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
12200000	INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND I	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	12-MAR-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 27115		
	Vehicle Speed at Failure(s) 5		

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				☐ Yes ☒ No

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

CONSUMER WAS INFORMED THAT THE RESTRAINT SAFETY BELTS WOULD LOCK ON AN IMPACT OF 5 MPH AND THAT A HARD PULL ON THE BELTS SHOULD ACUATE LOCKING MECHANISM, HOWEVER THIS DOES NOT OCCUR, BOTH BELTS FAIL TO LOCK DURING A HARD PULL.

CONTINUE OTHER SIDE IF NEEDED