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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                   |                                                                                                                                               | <b>FOR AGENCY USE ONLY 252</b><br>Date Received<br>PH 1: 06<br>12-FEB-2002<br>Od_or<br>rt_dt<br>od_rt<br>up_itr<br>Reference No.<br>8003964<br>Work Number<br>Home Number |                                                                                                                                                                                                                                                                                 |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 500px; height: 30px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>KAMUELA</span> <span>HI</span> </div>                                                                                                                                                                     |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> Date <u>5/7/02</u> |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                           | Vehicle Make                                                                                                                                  | Vehicle Model                                                                                                                                                             | Vehicle Year                                                                                                                                                                                                                                                                    |
| 3FALP15PXVVR14829                                                                                                                                                                                                                                                                                                                                                                                                     | FORD                                                                                                                                          | ESCORT                                                                                                                                                                    | 1997                                                                                                                                                                                                                                                                            |
| Purchase Date                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's Name <u>Orchid Isle Auto Center</u>                                                                                                  |                                                                                                                                                                           | Engine Size (CID/CC/L) <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection                                                                                                           |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                 | City <u>Hilo</u> State <u>HI</u> Zip Code <u>96720</u>                                                                                        |                                                                                                                                                                           | No Cylinders                                                                                                                                                                                                                                                                    |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                     | Antilock Brakes                                                                                                                               | Restraint System                                                                                                                                                          | Cruise Control                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                        | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag                | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                          |
| Drive Train                                                                                                                                                                                                                                                                                                                                                                                                           | Vehicle Type                                                                                                                                  |                                                                                                                                                                           | Body Style                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                                                                                                                           | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| Component<br>12112100                                                                                                                                                                                                                                                                                                                                                                                                 | Part Name(s)<br>INTERIOR SYSTEMS: PASSIVE RESTRAINT-AIR BAG:SIDE DOOR                                                                         |                                                                                                                                                                           | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear                                                                                                                                  |
| No of Failures<br>1                                                                                                                                                                                                                                                                                                                                                                                                   | Date(s) of Failure(s) <u>17-NOV-2001</u><br>Mileage at Failure(s) <u>35000</u><br>Vehicle Speed at Failure(s)                                 |                                                                                                                                                                           | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                              | Number of Persons Injured<br>0                                                                                                                                            | Number of Fatalities<br>0                                                                                                                                                                                                                                                       |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |                                                                                                                                                                                                                                                                                 |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| CONSUMER WAS TRAVELING ABOUT 35MPH ON HIGHWAY, AND WHILE DRIVING, ANOTHER VEHICLE MADE A SUDDEN STOP WITHOUT PRIOR WARNING, SHE RAN INTO THE BACK OF DRIVER'S VEHICLE. DRIVERSIDE AIRBAG DIDN'T GO OFF FULLY, BUT PASSENGER SIDE AIRBAG BROKE OF WINDOW OF DOOR. DEALERSHIP WAS AWARE OF PROBLEM. *AK                                                                                                                 |                                                                                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |

CONTINUE ON BACK IF NEEDED

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.

INFORMATION ON THE FAILURE(S) IF APPLICABLE

**TIME IDENTIFICATION NO.**

|   |   |   |
|---|---|---|
| 0 | 0 | 1 |
|---|---|---|

**MANUFACTURER/TIRE NAME**

52F

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED) (70)  
502016C...

Upon impact the driver side airbag partly inflated, remaining soft then deflated, part of the bag still behind the semi-open flaps of the steering wheel while whitish smoke emitted from under the hood. This airbag never touched my body. The passenger side airbag inflated fully and with speed; such as to (the door of) the casing shattering the windshield.

I made the dealer aware of the problem.

I purchased the car in the belief of having airbag protection in case of a serious impact; at the time apparently neither of us was aware of a potential failure. I am fortunate that it was only a minor impact to reveal this malfunction. Marie Rose Shepard

PS: I have unequivocally and consistently since, stated that the driverside airbag had this problem! However I found it hard, to find outside affirmation, and/or material proof! I ~~think~~ think this new recall may give a basis to my claim.

- If any question - please call me! [REDACTED]

Attached: Ford notice

\* U.S. D.P.O.: 1998-029-0071

\* 1-800-451-4242

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seward St., S.W.  
Washington, D.C. 20520

Official Business  
Penalty for Private Use \$300

\* MONITORIAL FILE # 200-104



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

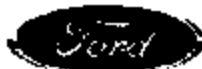
**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 7373 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

... *... ..*



F. M. Ligon  
Ford Motor Company  
P.O. Box 1904  
Dearborn, Michigan 48121

F0244408

02S44



1997 Escort

Vehicle ID #: 3FALP15PXVR148299 02S44

February, 2003

[REDACTED]  
KAMUELA, HI [REDACTED]

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Ford Motor Company has decided that a defect, which relates to motor vehicle safety, exists in certain 1997 Escort/Tracer vehicles built with Air Bags.

We apologize for this situation and want to assure you that, with your assistance, we will correct this condition. Our commitment, together with Ford and Lincoln Mercury dealers, is to provide you with the highest level of service and support possible.

**What the issue is ...**

In some of the affected vehicles, condensation from the evaporator case may drip onto the air bag monitor or wiring harness. This condition may lead to a short circuit, and in rare cases, may result in fire or inadvertent air bag deployment, increasing the risk of injury to the vehicle occupants.

**What Ford Motor Company and your dealer will do ...**

Ford Motor Company will repair your vehicle free of charge (parts and labor). Owners are requested to return to the dealer for installation of the Air Bag monitor shield.

**How long will it take?**

The time needed for this repair is less than one-half day. However, due to service scheduling requirements, your dealer may need your vehicle for a longer period of time.

**What we are asking you to do ...**

Call your dealer without delay. If you do not already have a servicing dealer, please access [www.qualitycareservice.com](http://www.qualitycareservice.com) for dealer addresses, maps, and driving instructions. Ask for a service date and whether parts are in stock for Safety Recall 02S44. If your dealer does not have the parts in stock, they can be ordered before scheduling your service date. Parts will arrive within a week after ordering.

When you bring your vehicle in, show the dealer this letter. However, if you misplace this letter, your dealer will still do the work free of charge.



If you have already  
paid for this service ...

If you paid to have a repair related to this condition performed before the date of this letter, Ford is offering a refund. To receive the refund, please give your paid original receipt to your dealer. To avoid delays, do not send receipts to Ford Motor Company.

If you have changed  
address or sold the  
vehicle ...

Please fill out the enclosed prepaid postcard and mail it to us so we can update our records. If you have sold the vehicle, the information you provide on the postcard will be used to notify the new owner about this safety recall.

Please note: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

If you have  
concerns ...

If you have trouble getting your vehicle repaired promptly and without charge, please contact your dealership's Service Manager for assistance. If you still have concerns, please contact the Ford Motor Company Customer Relationship Center and one of our representatives will be happy to assist you:

Call (866) 438-7332 *JOAN: recorded concern 4/4*

Office Hours (Eastern Time Zone)

Monday through Friday: 8AM - 11PM

Saturday: 8AM - 8PM

Hearing impaired call (800) 232-5952 TDD for the hearing impaired.

Or you may contact us  
through the Internet ...

[www.ownerconnection.com](http://www.ownerconnection.com)

If you are still having trouble getting your vehicle repaired in a reasonable time or without charge, you may write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street S. W., Washington, D. C. 20590 or call the toll free Auto Safety Hotline at 1-888-327-4236 or 1-800-424-9393.

Quality Care service is  
there for you all year  
long.

**QualityCare**  
to your service

Quality Care is the commitment of Ford Motor Company and its dealerships to provide you with a superior service and ownership experience. While we regret the inconvenience caused by this program, we stand committed with our dealers to assist you with all of your automotive service needs. With our nationwide dealer network, we're here to ensure you receive Quality Care service so that your vehicle maintains peak performance throughout your ownership experience.

We pride ourselves on becoming the world's leading consumer company providing automotive products and services. Thank you for your attention to this important matter.

Sincerely,

*Frank M. Ligon*

Frank M. Ligon  
Director  
Vehicle Service and Programs