



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 252

Date Received

15-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004118

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 at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMYU02161KF62709		FORD TRUCK	ESCAPE	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 31-DEC-2001 Mileage at Failure(s) 15500 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING 20MPH ON THE HIGHWAY AND APPROACHING A STOP SIGN ANOTHER VEHICLE VEERED INTO CONSUMER'S VEHICLE FROM BEHIND. UPON IMPACT, AIRBAGS DIDN'T DEPLOY. DEALERSHIP WAS AWARE OF PROBLEM.*AK

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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.



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

APR - 1 PM 2007
15-FEB-2002
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.

8004118

OWNER INFORMATION (Type or Print)

Work Number

Home No.

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of your name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 3/12/07

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMYU02161KF62709	FORD TRUCK	ESCAPE	2001	18043

Purchase Date

11-8-01

Dealer's Name Colorado River Ford - Kingman, AZ

Engine Size (CID/CCL) 3.0

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

☐ New ☒ Used

City Kingman State AZ Zip Code 86401

No Cylinders 6

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTAL	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 3 (2 air bags) (1 BRAKES)	Date(s) of Failure(s) 31-DEC-2001 Mileage at Failure(s) 45000 17,000 Vehicle Speed at Failure(s) 15-20 mph	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 3	Number of Fatalities 0	Estimated Property Damage \$5500.	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING 20MPH ON THE HIGHWAY AND APPROACHING A STOP SIGN ANOTHER VEHICLE VEERED INTO CONSUMER'S VEHICLE FROM BEHIND. UPON IMPACT, AIRBAGS DIDN'T DEPLOY. DEALERSHIP WAS AWARE OF PROBLEM. *AK Right Frontal.

THE OTHER VEHICLE DID NOT STOP AT RED LIGHT AND HIT OUR CAR AT RIGHT FRONTAL IMPACT. AIRBAGS DID NOT DEPLOY.

ALSO ABS BRAKE SYSTEM FAILED. POLICE AND FIRE/MEDICAL PERSONNEL

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
TIRE IDENTIFICATION NO.*									
DOT								MANUFACTURER/TIRE NAME	SIZE
* 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)									

Also dash board pulled away from wind shield within 2 weeks of sale. They have still not repaired this unit.

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