

U.S. Department
of TransportationNational 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 117

Date Received

10-MAR-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

858326

 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) (located at front of windshield or driver's side) 3FASP15J8SR157747	Vehicle Make FORD	Vehicle Model ESCORT	Vehicle Year 1995	Current Odometer Reading
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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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____	Body Style ☐ Sport Ult ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000 15130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 3	Date(s) of Failure(s) <u>29-MAR-1999</u> Mileage at Failure(s) <u>70</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER'S SIDE AUTOMATIC SEAT BELT BROKE. ALSO, SLIDING DOOR MECHANISM WOULD STOP PART OF THE WAY, MAKING IT DIFFICULT TO GET IN OR OUT OF VEHICLE. MOTOR WOULD STILL BE CLICKING WHEN THIS HAPPENS. WAS REPAIRED AT LEAST 3 DIFFERENT TIMES. *AK

CONTINUED ON BACK (REVERSE)

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.

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		Date Received MAY -2 PM 2:28 10-MAR-2000 DEFECTS INVESTIGATION	Od_or at_dt od_rt up_tr ON
OWNER INFORMATION (Type or Print) 595926		Reference No. 858326	
Do you authorize NHTSA to send this questionnaire to the manufacturer of your vehicle? In the absence of your signature, this questionnaire will be sent to the vehicle manufacturer. Signature of Owner [REDACTED] ☒ YES ☐ NO Date 4/16/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 3FASP15J8SR157747	Vehicle Make FORD	Vehicle Model ESCORT	Vehicle Year 1995
Current Odometer Reading 79776.8		Purchase Date Dealer's Name <u>James West Ford</u> City <u>Renov</u> State <u>WV</u> Zip Code <u>89502</u>	
☐ New ☒ Used	Engine Size (CID/CC/L) No Cylinders <u>4</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Ut ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12130000 13000000 15130000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS STRUCTURE: DOOR ASSEMBLY Electrical doors	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 3	Date(s) of Failure(s) <u>29-MAR-1999</u> Mileage at Failure(s) <u>70</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 <u>0</u>	Number of Fatalities <u>0</u>
Estimated Property Damage <u>0</u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER'S SIDE AUTOMATIC SEAT BELT BROKE, ALSO, SLIDING DOOR MECHANISM WOULD STOP PART OF THE WAY, MAKING IT DIFFICULT TO GET IN OR OUT OF VEHICLE. MOTOR WOULD STILL BE CLICKING WHEN THIS HAPPENS. WAS REPAIRED AT LEAST 3 DIFFERENT TIMES. *AK			
CONTINUE ON BACK IF NEEDED			
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