Form Approved: O.M.B. No. 2127-0008

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 335	
Date Received: 12-JUN-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 863391

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAPP93J9KT181979	FORD	ESCORT	1989	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____ No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06210000 12423000	ELECTRICAL SYSTEM:ALTERNATOR/GENERATOR INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:BA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) 09-JUN-2000 Mileage at Failure(s) 96000 Vehicle Speed at Failure(s) _____	| |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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0			☐ Yes ☒ No

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

WHILE DRIVING FOR ABOUT 15 MINUTES CONSUMER STARTED SMELLING SMOKE, AND 5 MINUTES LATER, SAW FIRE COMING FROM THE UNDER THE HOOD. ALSO, BATTERY LIGHT CAME ON AFTER SHE SMELLED THE SMOKE. CONSUMER INDICATED THAT ALTERNATOR CAUGHT ON FIRE.*AK

CONTINUE ON BACK IF NEEDED

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Date Received: 00 JUL 18 PM 3:
12-JUN-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
ft_dt
od_rt
up_ltr

Reference No.
863391

Work Number
Hom

OWNER INFORMATION (Type or Print)

[redacted] 613625

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Signature of Owner [redacted] Date 7/10/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
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Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Size (CID/CC/L)
No Cylinders 4
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
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Component	Part Name(s)	Location	Failed Part(s)
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No of Failures

Date(s) of Failure(s) 09-JUN-2000
Mileage at Failure(s) 96000
Vehicle Speed at Failure(s)

Failed Part(s) Available? ☐ Yes ☒ No

NHTSA Previously Contacted? ☒ Yes ☐ No

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

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