

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 118

Date Received

06-NOV-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874505

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 on driver's side) 1FASP14J4SW297034		Vehicle Make FORD	Vehicle Model ESCORT	Vehicle Year 1995	Current Odometer Reading
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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 02-FEB-2000 Mileage at Failure(s) 56000 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
--	---	---------------------------	----------------------	---------------------------	---

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

MOTORIZED SHOULDER BELT ON DRIVER'S SIDE STOPPED MOVING BACK AND FORTH ON RETRACTOR, LEAVING DRIVER UNPROTECTED. PROBLEM WAS CORRECTED BY DEALERSHIP AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON BACK (11888)

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 118 Date Received: 00 DEC -5 PM 3:06-NOV-2000 OFFICE OF SAFETY INVESTIGATION		Od or nd_r nd_r up_r tion Reference No. 874505	
OWNER INFORMATION (Type or Print) [Redacted] 653781				Work Number [Redacted] Home Number [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: [Redacted] Date: 11/27/00							
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FASP14J4SW297034		Vehicle Make FORD		Vehicle Model ESCORT		Vehicle Year 1995	
						Current Odometer Reading 104408	
Purchase Date 8/12/99 ☐ New ☒ Used		Dealer's Name Cal Worthington Ford City Rockledge State FL Zip Code 32953		Engine Size (CID/CC/L) No Cylinders 4		☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Anti-lock Brakes ☐ Yes ☒ No		Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt		Cruise Control ☐ Yes ☒ No	
						Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
						Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	
						Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 12130800		Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT BELTS		Location ☒ Left ☐ Right ☒ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures		Date(s) of Failure(s) 02-FEB-2000 Mileage at Failure(s) 55000 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
MOTORIZED SHOULDER BELT ON DRIVER'S SIDE STOPPED MOVING BACK AND FORTH ON RETRACTOR, LEAVING DRIVER UNPROTECTED. PROBLEM WAS CORRECTED BY DEALERSHIP AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.*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 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.							