



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 241

Date Received

19-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

876727

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 drivers side)	Vehicle Make FORD TRUCK	Vehicle Model ESCAPE	Vehicle Year 2001	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 ☐ Passengerside Airbag ☐ Motorbell ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02600000	Part Name(s) WHEELS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 3400 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)

VEHICLE EXPERIENCING PROBLEM WITH ICE DEVELOPING ON FRONT WHEELS WHICH CAUSES SEVERE VIBRATION WHEN DRIVING. DEALER / MANUFACTURER WERE NOT CONTACTED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received <u>19-DEC-2000</u> 01558-1 DEFECTS INVESTIGATION Reference No. <u>876727</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 662430			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your signature, the vehicle manufacturer.		☒ YES ☐ NO Date <u>1/16/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of dashboard) <u>1FMYU04157RE81388</u> PLEASE FILL IN		Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>ESCAPE</u>
Vehicle Year <u>2001</u>		Current Odometer Reading <u>3100</u>	
Purchase Date <u>10-25-00</u> ☐ New ☒ Used	Dealer's Name <u>SUNSET FORD</u> City <u>St Louis</u> State <u>MO</u> Zip Code _____		Engine Size (CID/GCC/L) <u>29 HP</u> No Cylinders <u>6</u> ☐ Turbo Diesel ☒ Gas Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☒ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☒ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02600000</u>	Part Name(s) <u>WHEELS</u>	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>14-DEC-2000</u> Mileage at Failure(s) <u>3400</u> Vehicle Speed at Failure(s) <u>411</u>		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)			
VEHICLE EXPERIENCING PROBLEM WITH ICE DEVELOPING ON FRONT WHEELS WHICH CAUSES SEVERE VIBRATION WHEN DRIVING. DEALER / MANUFACTURER WERE NOT CONTACTED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK			

CONTINUE ON BACK IF NEEDED

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