



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 1038

Date Received

07-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893702

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
N/A	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	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 01000000	Part Name(s) STEERING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-AUG-2001 Mileage 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 15-20MPH ON A NEIGHBORHOOD SIDE STREET CONSUMER RAN INTO A PARKED CAR, CAUSING VEHICLE TO ROLLOVER 360 DEGREES. DEALER WAS CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *AK

COPIES OF THIS FORM ARE:

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) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1038 Date Received RECEIVED 07-AUG-2001 01 SEP - 6 PM 2:30 OFFICE DEFECTS INVESTIGATION Work Number Home Number	
OWNER INFORMATION (Type or Print) 706092		Od. or rt. dt. _____ Od. rt. _____ up. ltr. _____ Reference No. 893702	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized address to the vehicle manufacturer, address to the vehicle manufacturer. Signature of Owner Date 8/20/01			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FMYU031G1KBO3002	Vehicle Make FORD TRUCK	Vehicle Model ESCAPE	Vehicle Year 2001
Purchase Date ☒ New ☐ Used		Dealer's Name SANTA MONICA FORD	Engine Size (CID/CC/L) _____ No. Cylinders 6
City SANTA MONICA State CA Zip Code 90404		☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio	
Transmission Type ☐ Manua ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Bel: ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component ?	Part Name(s) VEHICLE ROLLED OVER 360 DEGREES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacemen
No. of Failures 1	Date(s) of Failure(s) 7-6-01 Mileage at Failure(s) 4000 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 ONE	Number of Fatalities NONE Estimated Property Damag \$35,000
Reported to Polic ☐ Yes ☐ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING 15-20MPH ON A NEIGHBORHOOD SIDE STREET CONSUMER RAN INTO A PARKED CAR, CAUSING VEHICLE TO ROLLOVER 360 DEGREES. DEALER WAS CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *AK WHILE THE SUN VISOR ON THE VEHICLE WARNED THAT IT WAS MORE LIKELY TO ROLL OVER THAN A SEDAN IN AN ACCIDENT, I HAD NO IDEA IT WOULD ROLL OVER UNDER THESE CONDITIONS. I ONLY SUFFERED A FRACTURED RIB. THANK GOD THERE WERE NO OTHER PEOPLE AROUND TO GET HURT OR KILLED.			
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 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.			