



U.S. Department of Transportation  
National Highway Traffic Safety Administration

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received	7-25-00	Other	_____
Reference No.		rdt	_____
		mlr	_____
		apl	_____

### OWNER INFORMATION (Type or Print) DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1FAPP14J5MY122073		Pord	Escort		1991
VEHICLE MANUFACTURER					
<input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
		above			
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
1.9	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt
NO CYLINDERS					CRUISE CONTROL
4					<input type="radio"/> Yes <input checked="" type="radio"/> No
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input checked="" type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> 4 Wheel	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input checked="" type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon	

### FAILED COMPONENT(S)/PART(S) INFORMATION

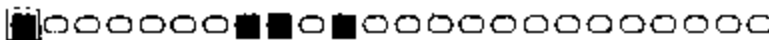
<b>COMPONENT</b> <input type="radio"/> Child Seat <input type="radio"/> Electricals/Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System/Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	1	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	MILEAGE AT INCIDENT	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
VEHICLE SPEED AT INCIDENT	FAILED PART(S)		
	<input checked="" type="radio"/> Original <input type="radio"/> Replacement		

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?
<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Wear/Component/Rust <input type="radio"/> Work/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Fratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nasty <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Links/Struts/Combs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



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