



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

2005 OCT -6 AM 5:57
19-SEP-2005

Repository

Reference No.
10136919

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PEWAUKEE State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 Digit Vehicle Identification Number located at bottom of windshield on driver's side: 1FMCA11U9F [REDACTED] 1FMCA11U9SZ [REDACTED]
Make FORD Model AEROSTAR Model Year 1995

Date Purchased 5-21-01 Dealer's Name and Telephone Number BREWINGTON AUTO Burlington Auto Sales Engine: No: Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City BREWINGTON Burlington State WI Zip Code 53105

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 116000 ELECTRICAL SYSTEM:IGNITION Multiple Failure: 1 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-SEP-2005 Failure Mileage 100000 111,000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT: THE CALLER SAID IGNITION FAILED. SHE SAID A YEAR AGO THAT THE VEHICLE STARTED BY ITSELF WITHOUT A KEY. SHE STATED THAT CURRENTLY SHE HAD INTERMITTENT TROUBLE STARTING THE VEHICLE. THE LIGHTS ON THE DASHBOARD WILL COME ON BUT THE VEHICLE WILL NOT START. DEALER SAID VEHICLE WAS NOT RECALLED. THEY WILL NOT HELP HER FOR FREE. MANUFACTURER HAS NOT BEEN CONTACTED YET. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.