



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received **MAY 22 AM 8:19**  
08-MAY-2006  
Repository   
Reference No.  
10156967

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City **RICHMOND** State **VA** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
E-mail Address [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 contact the name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date **5/15/06**

**VEHICLE INFORMATION**

17 digit vehicle identification number Located at bottom of windshield on driver's side  
**1FMCA11U9T2 [REDACTED]** Make **FORD** Model **AEROSTAR** Model Year **1996**  
Date Purchased **10-08-97** Dealer's Name and Telephone Number **Carmax** Engine: No: Cylinders **6** Fuel Type: **Gas**  
Original Owner  no Dealer's City **Richmond** State **VA** Zip Code **23060**  
Transmission Type **AUTOMATIC**  Antilock Brakes  Cruise Control Powertrain **REAR WHEEL DRIVE** Vehicle Component Code **105300 POWER TRAIN:DRIVELINE:DRIVESHAFT**  
Multiple Failure: **1**

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

Incident Date(s) **5-MAY-2006** Failure Mileage **216968** Failure Speed **45**

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM1A9ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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 [REDACTED] Number of Deaths [REDACTED] 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 CONTACT STATED THE VEHICLE WAS TAKEN TO A TIRE DEALER FOR REPLACEMENT OF THE TIRES. AFTER THE TIRES WERE REPLACED AND VEHICLE WAS BEING DRIVEN HOME AT 45MPH, THE VEHICLE HESITATED AS IF THE GEARS WERE NOT CHANGING PROPERLY. THE VEHICLE WAS RETURNED TO THE TIRE DEALER WHO DETERMINED THE DRIVE SHAFT WAS LOOSE. THE DEALER RECOMMENDED THE VEHICLE NOT BE USED UNTIL THE DRIVE SHAFT WAS WELDED AND THE UNIVERSAL JOINT WAS REPLACED.

*attempting to drive vehicle home on 5 may 06 after replacing front tires, vehicle would not accelerate past 45 miles without hesitating. It made clicking and grinding noises from beneath van. I took van back to tire dealer and was advised van unsafe because driveshaft was broken and needs to be welded back together, Park it til fixed.*

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.

*Continued on back...*

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

I was advised by the mechanic not to drive vehicle because I could definitely be at risk of an accident because of the driveshaft completely breaking down while driving. Please advise me as to what may be done to make my vehicle road safe again. Vehicle is parked and not driven. No repairs have been done.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590



**Think your vehicle  
has a safety defect?**



Vehicle Complaint Classification (VCC)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration