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	Repository ☐
19-JUL-2006 3:40	Reference No. 10162864

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City HUNTSVILLE	State AL	Zip Cod [redacted]	Evening Telephone Number

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 [redacted] Date 7/25/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMDA31[redacted]	FORD	AEROSTAR	1992

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAR-92	WOODY ANDERSON FORD 2565399441			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City HUNTSVILLE	State AL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	121000 EXTERIOR LIGHTING:HEADLIGHTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-JUL-2006	171900	35	HORIZONTAL & VERTICAL HEADLIGHT ADJUSTERS PLUS TENSION SPRING

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 THAT THE VEHICLE'S HORIZONTAL AND VERTICAL HEADLIGHT ADJUSTERS FRACTURE ON 07/04/06. THE VEHICLE WAS TAKEN TO THE DEALER ON 07/05/06 WHO DETERMINED THAT THERE WAS NO REPLACEMENT PART AVAILABLE TO REPAIR THE PROBLEM. THE TENSION SPRING THAT ASSISTS IN THE PROPER FUNCTIONING OF THE HEADLIGHT ADJUSTERS WAS NO LONGER AVAILABLE AS WELL. THE MANUFACTURER WAS NOT ALERTED.

CAN NOT AIM HEADLIGHTS PROPERLY, MAKING NIGHT DRIVING HAZARDOUS

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