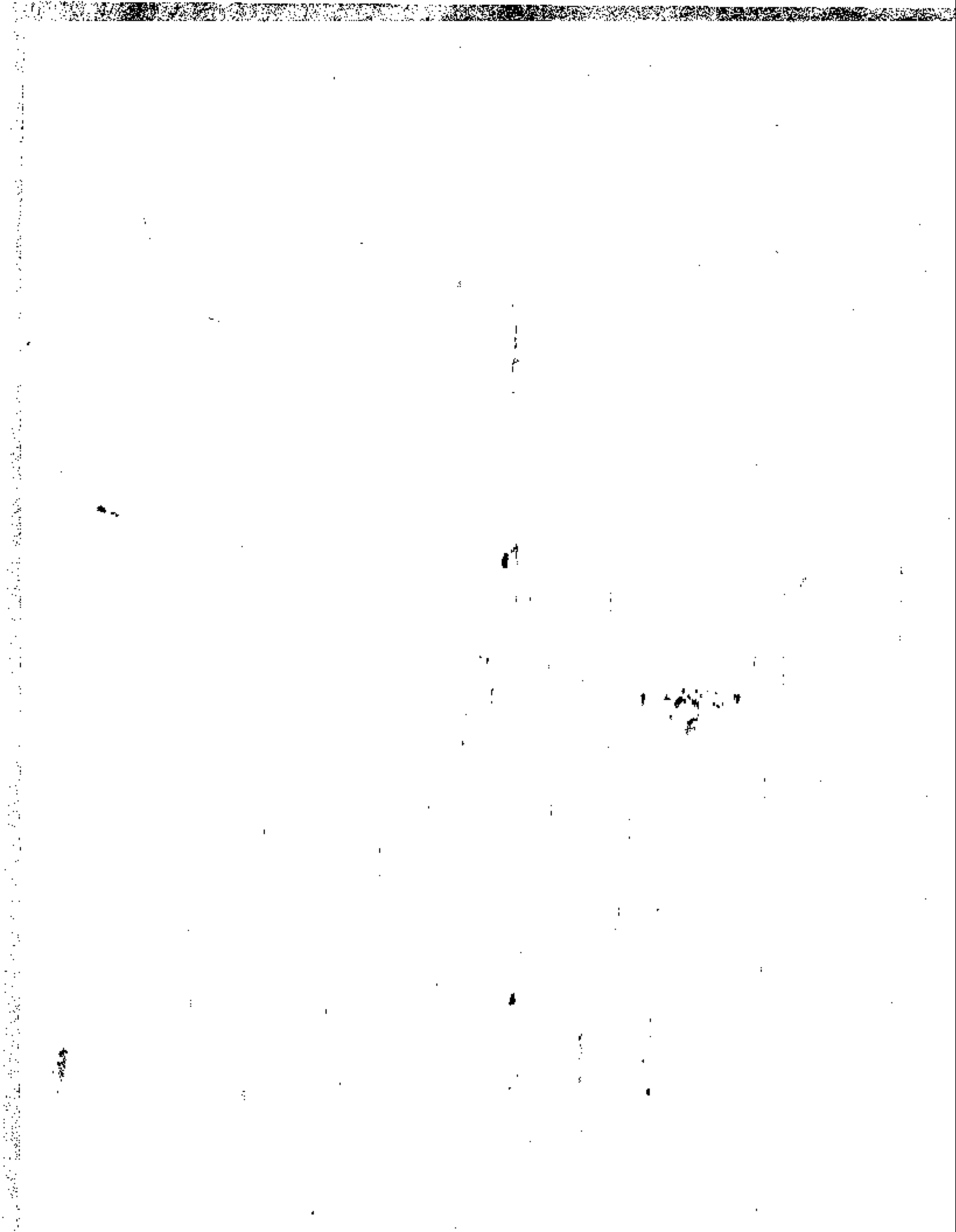
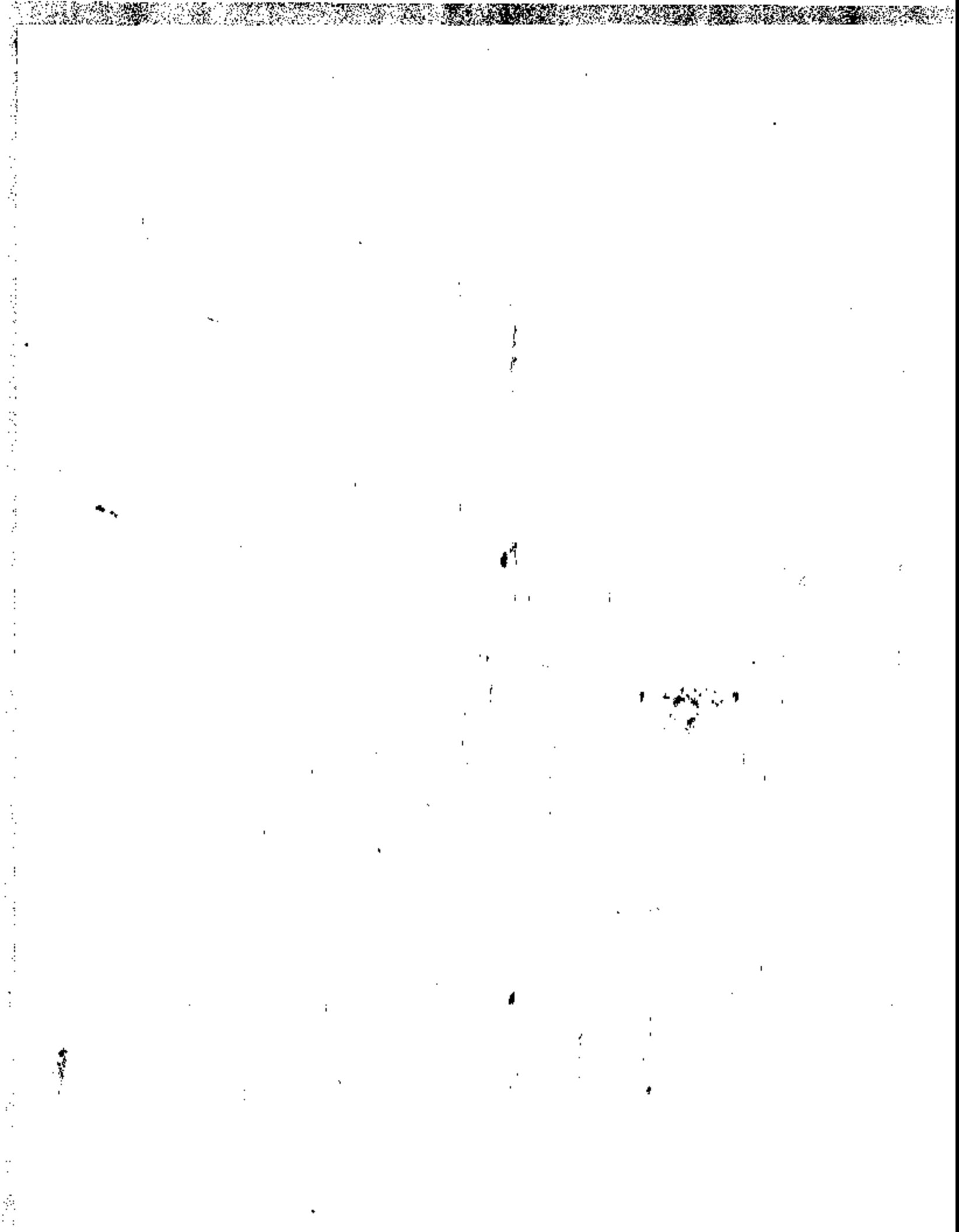
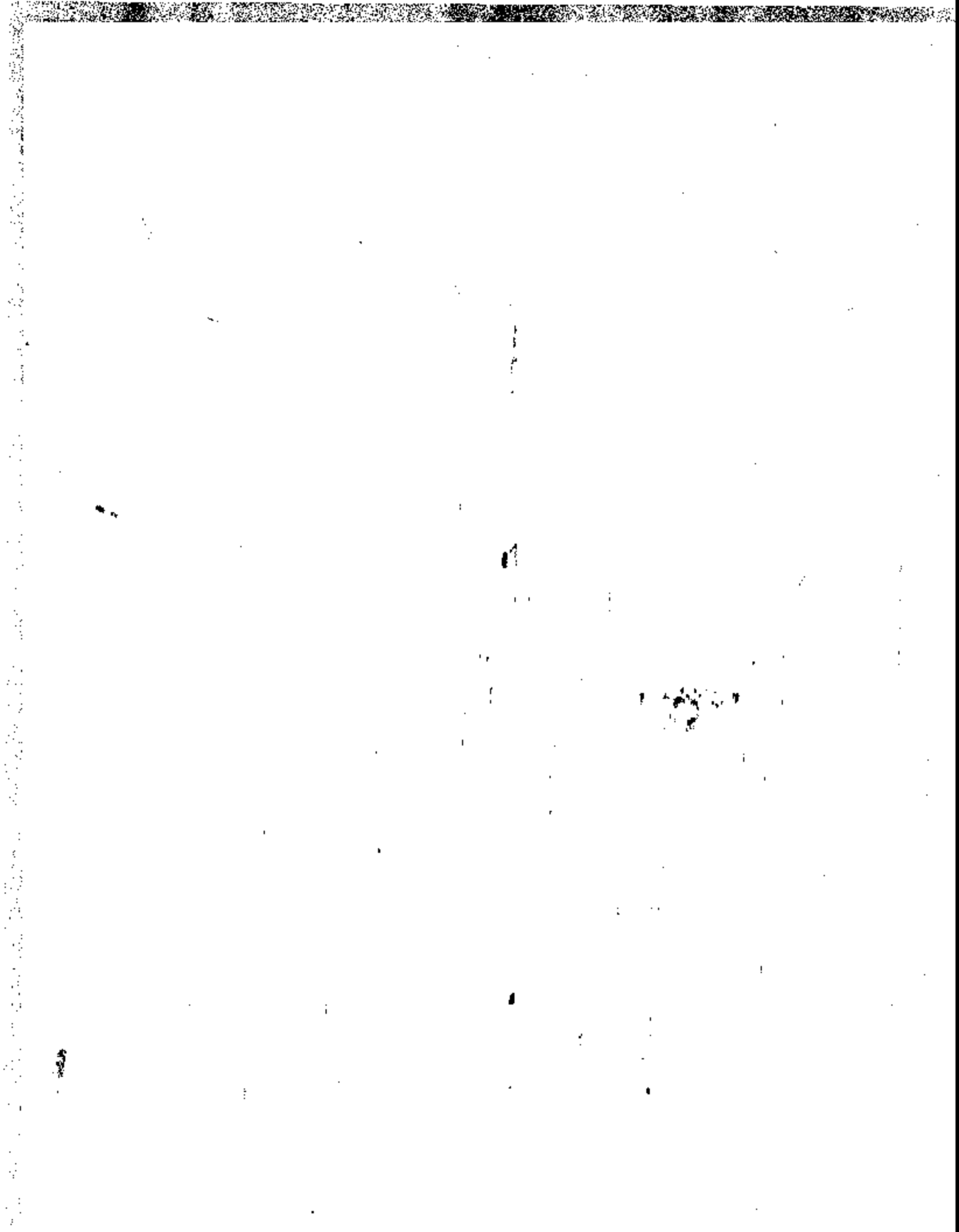
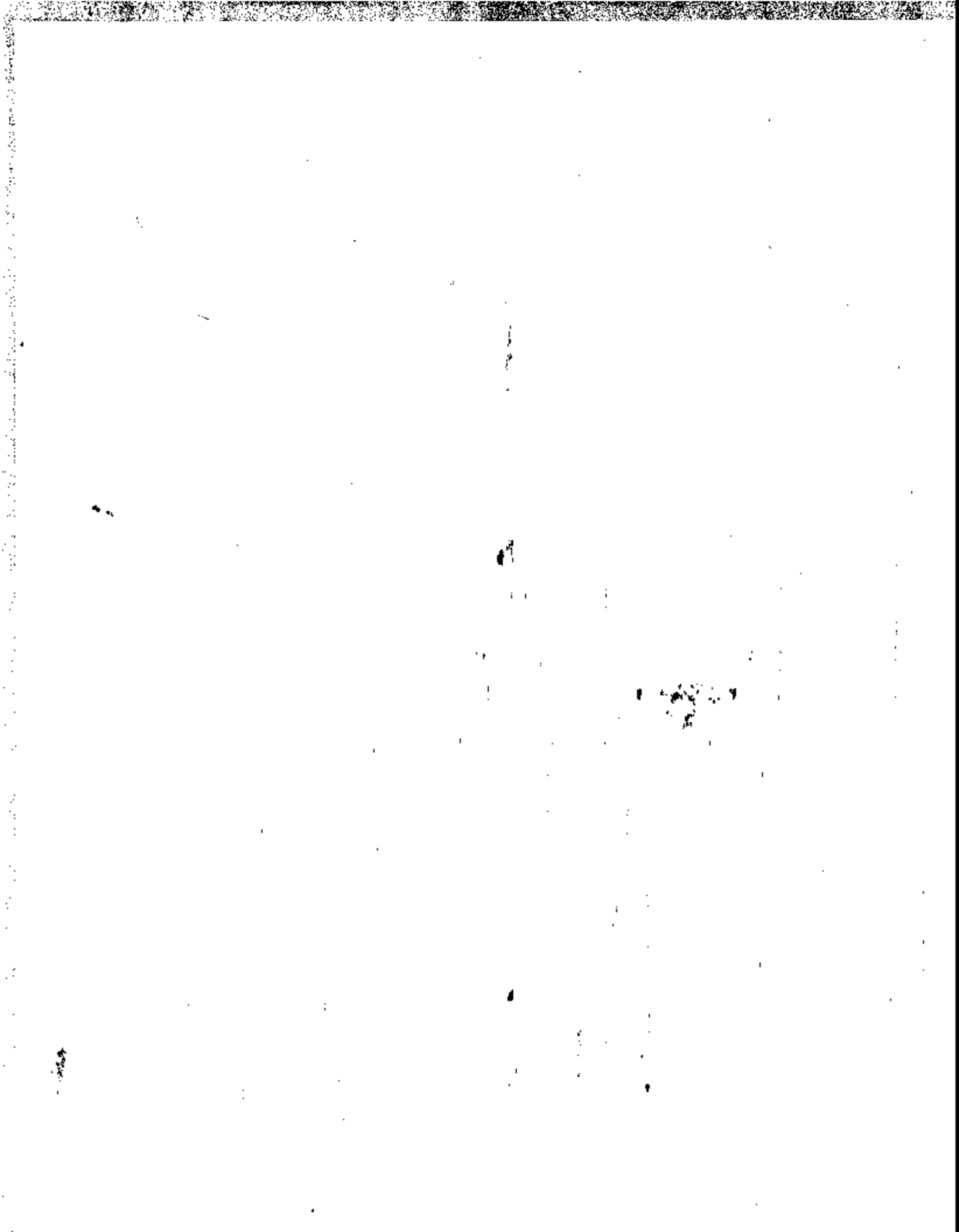
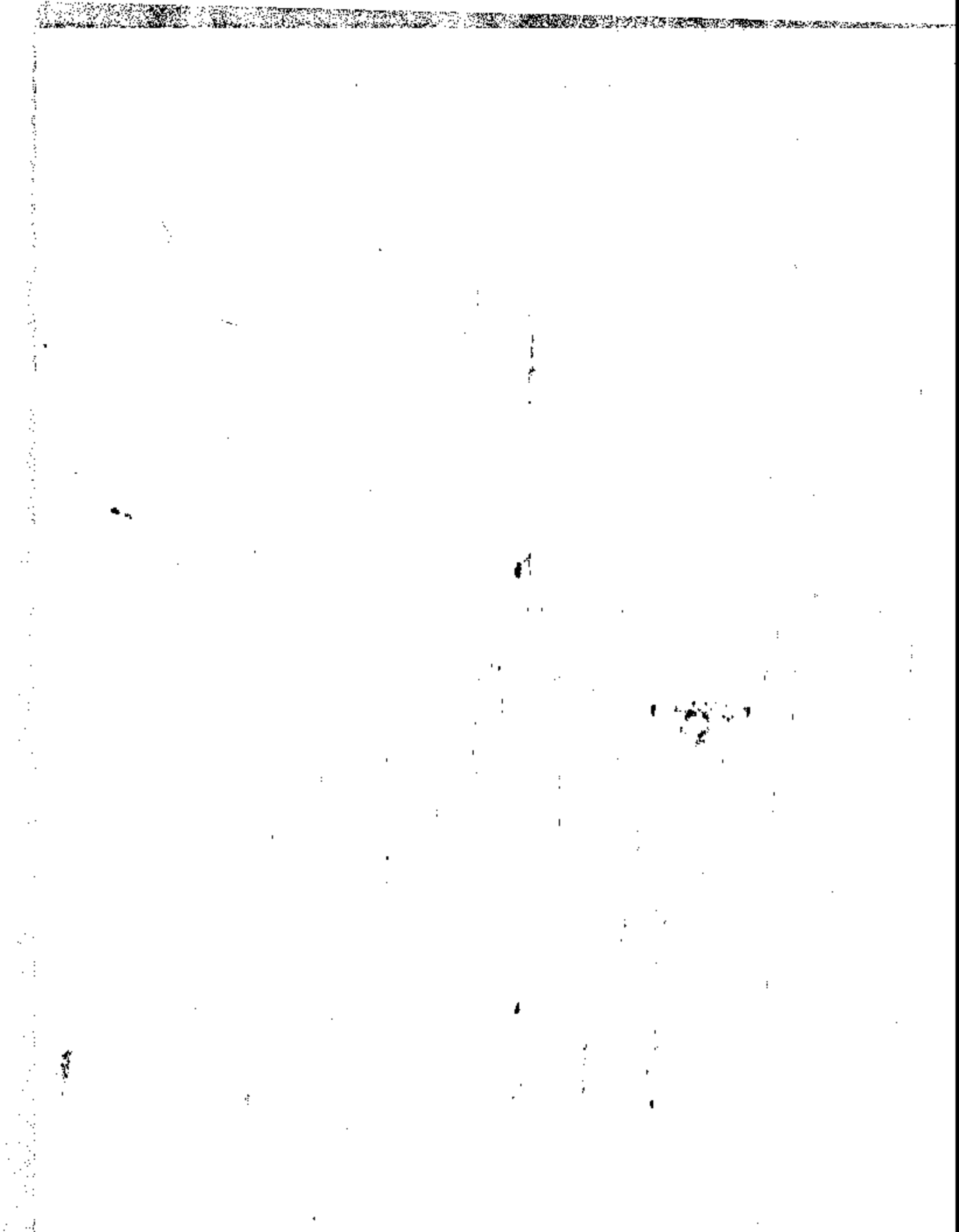


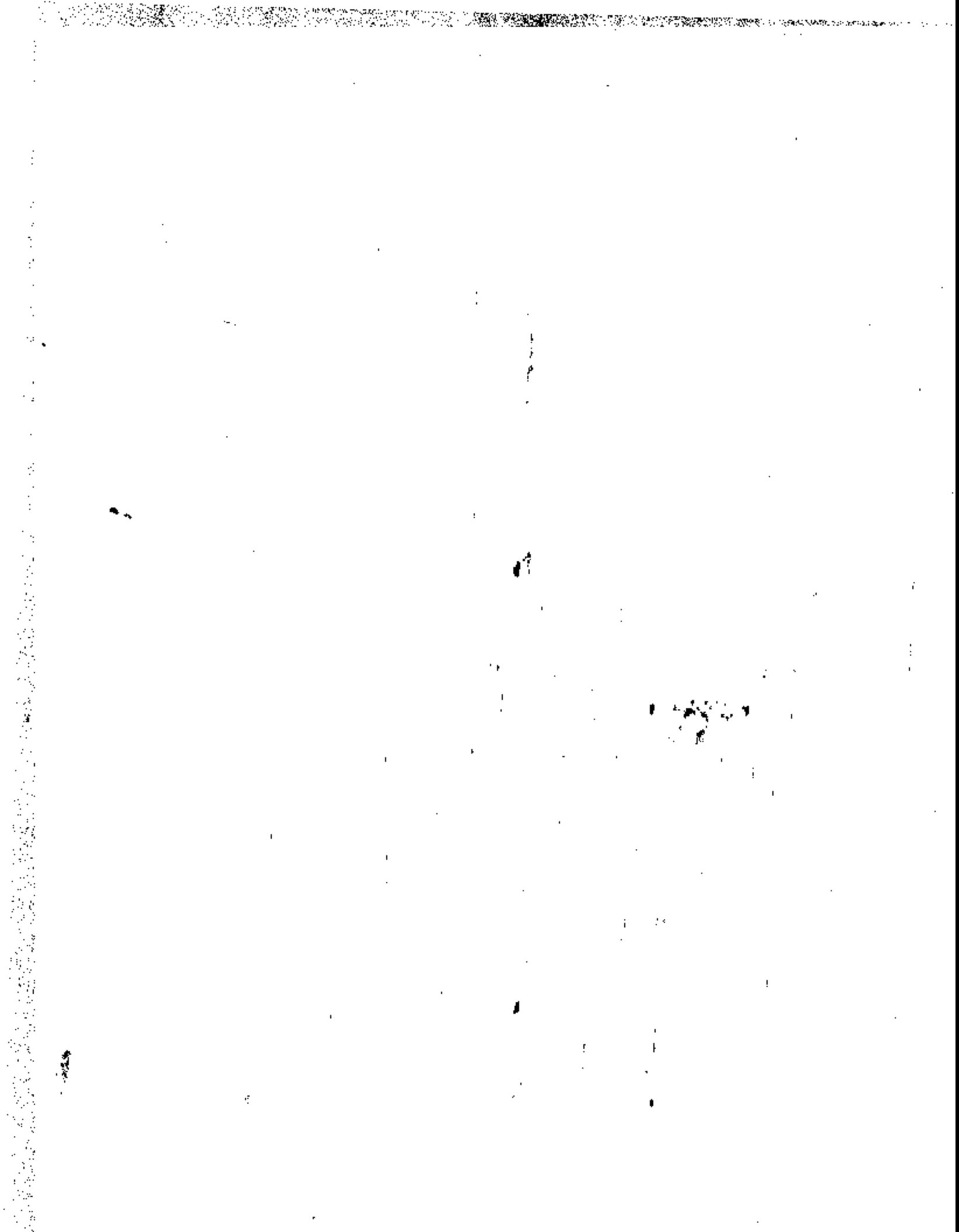


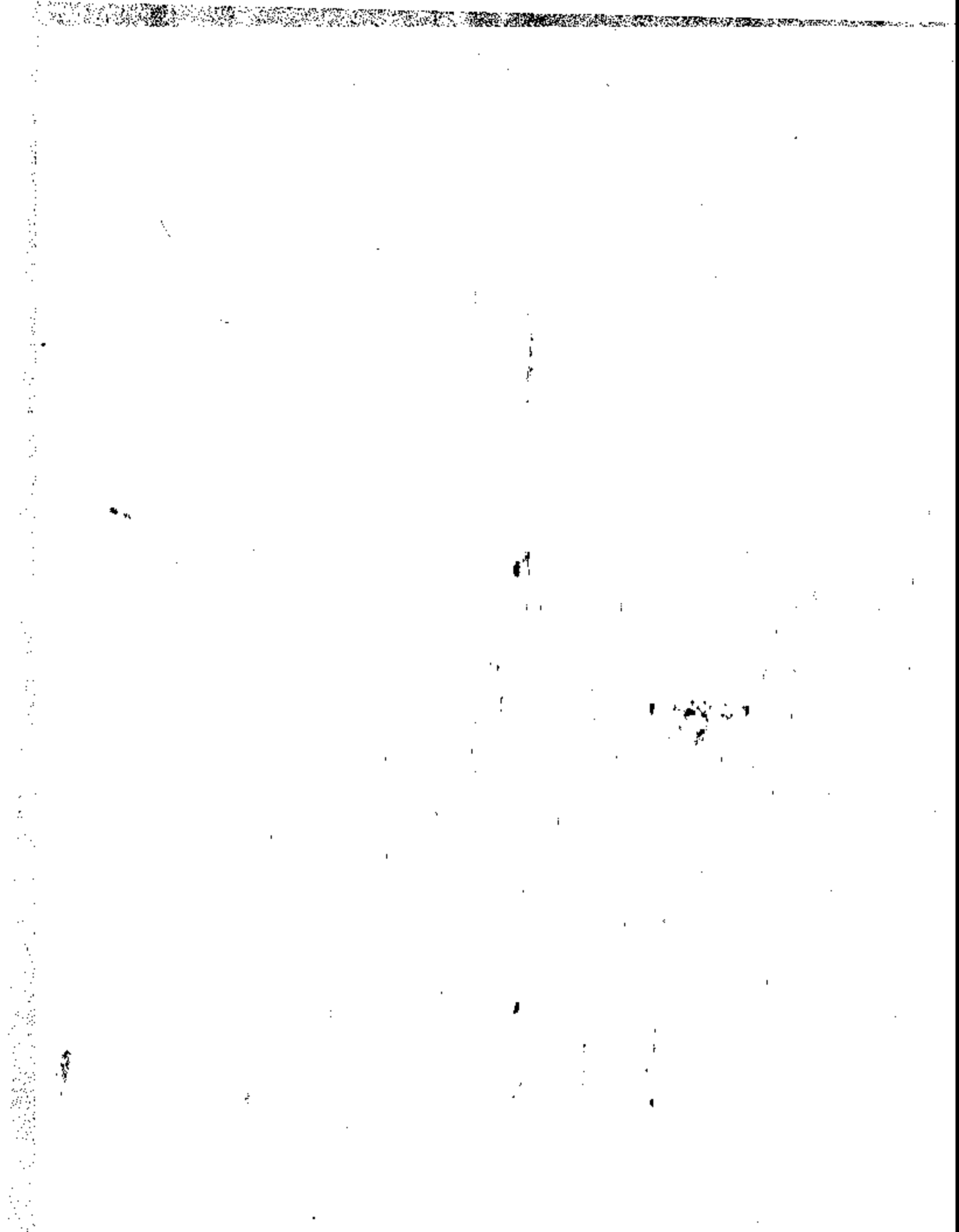


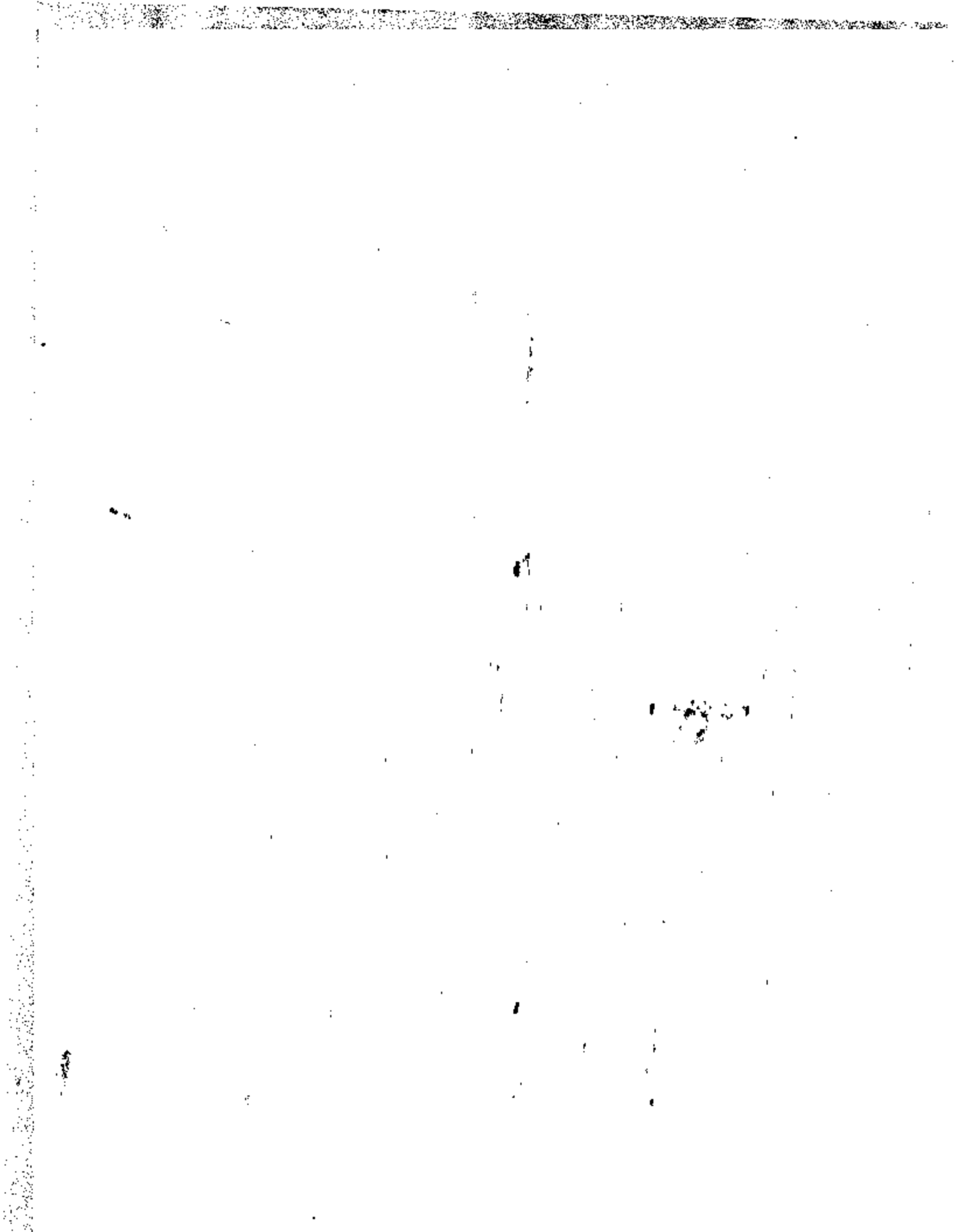


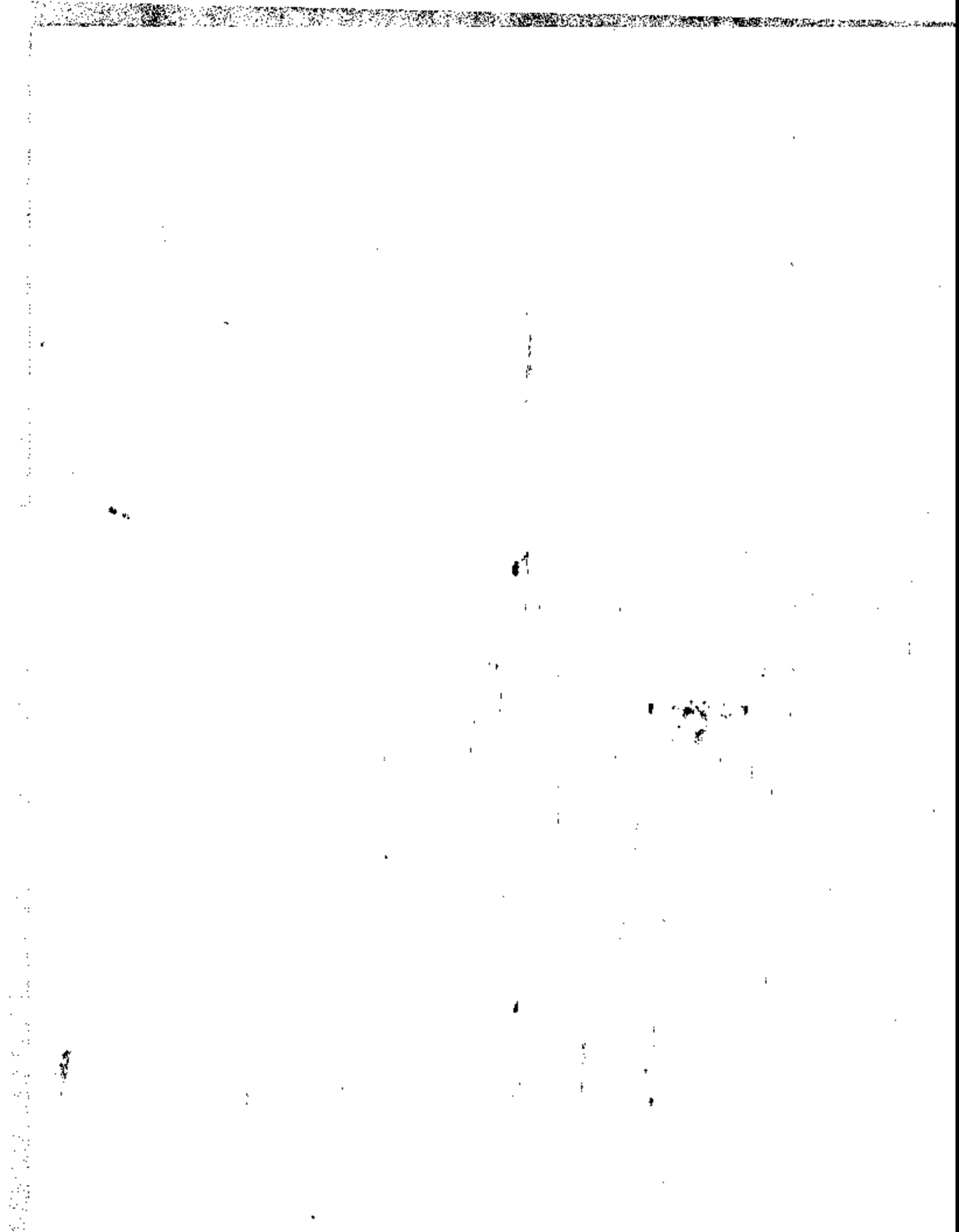


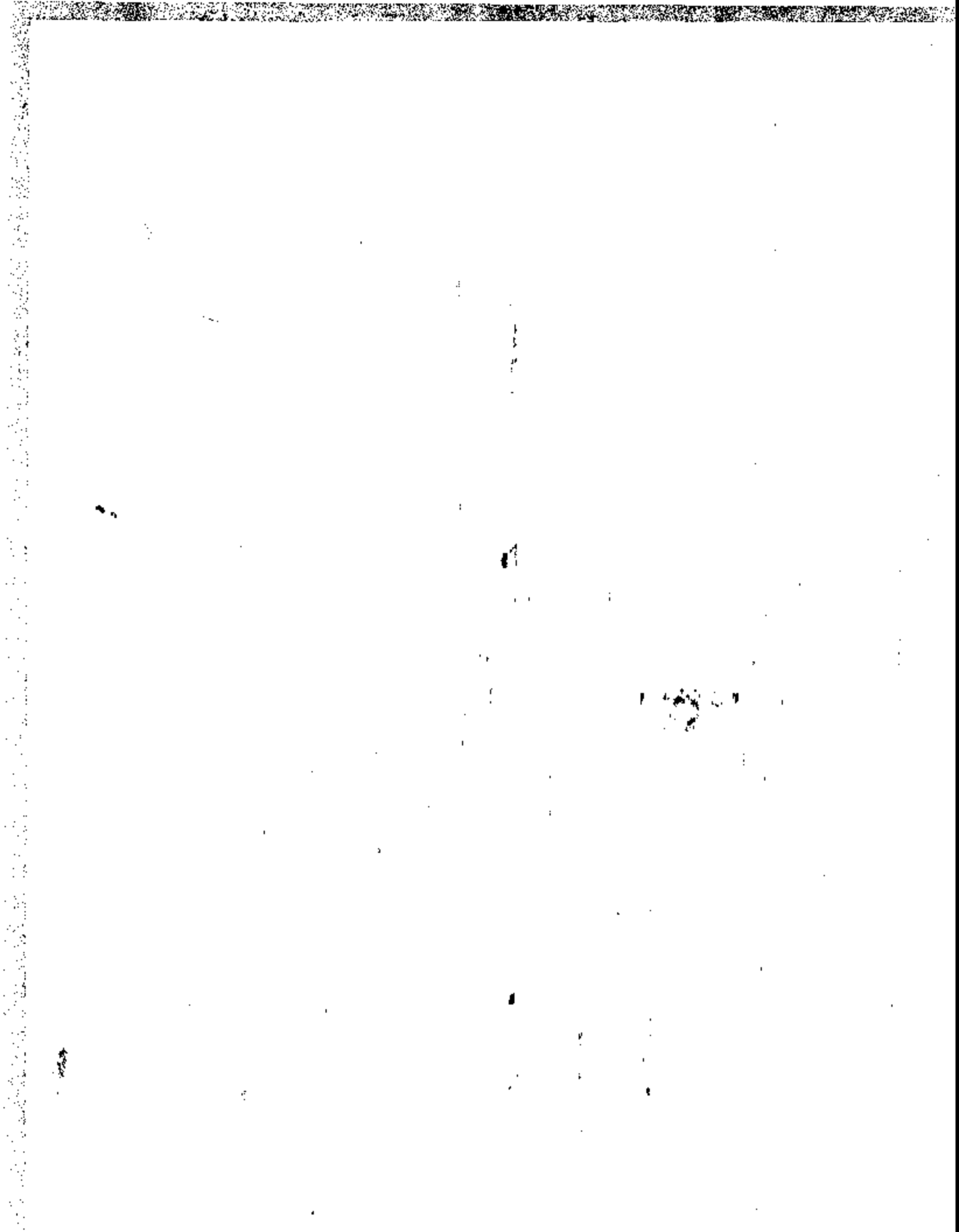


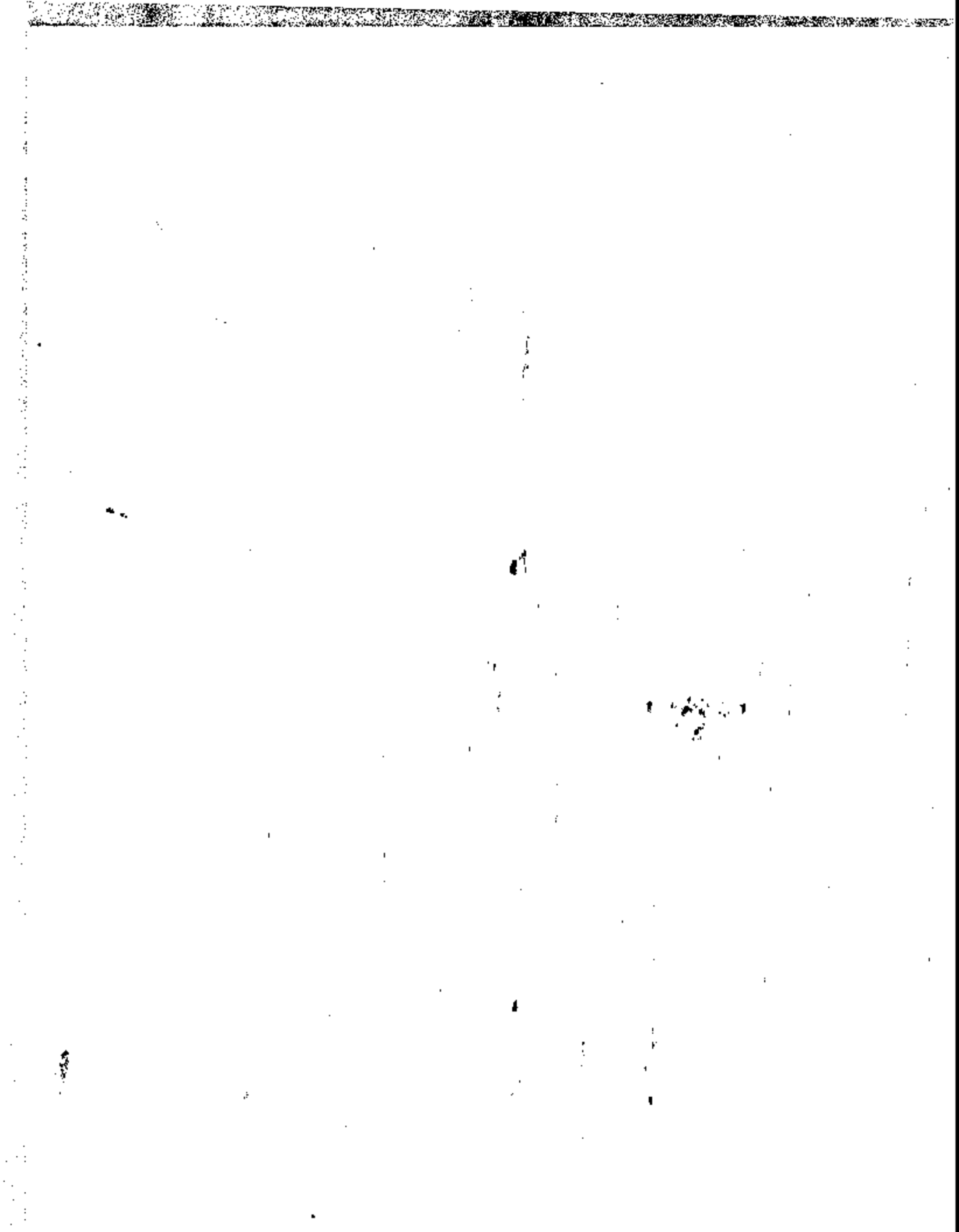


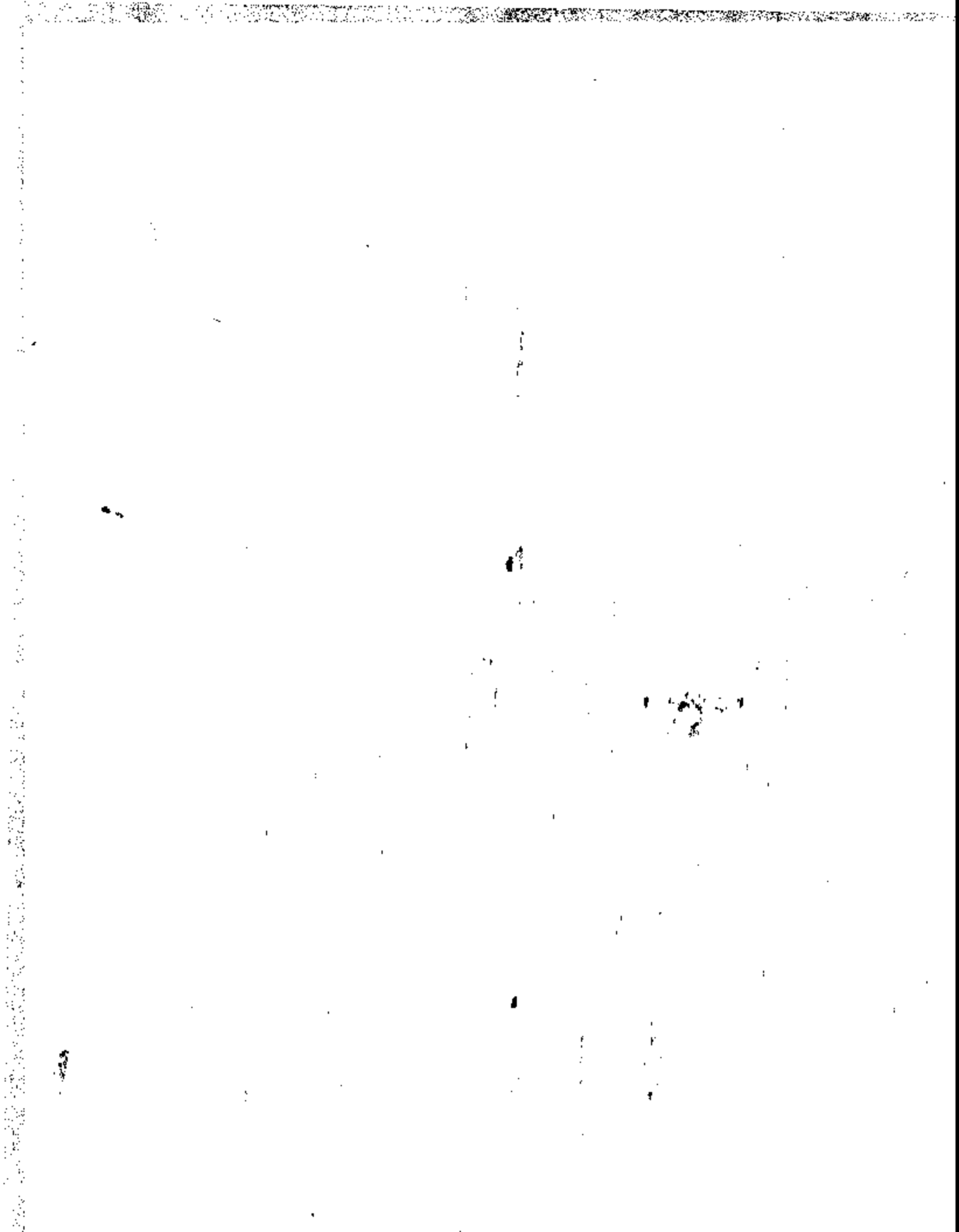


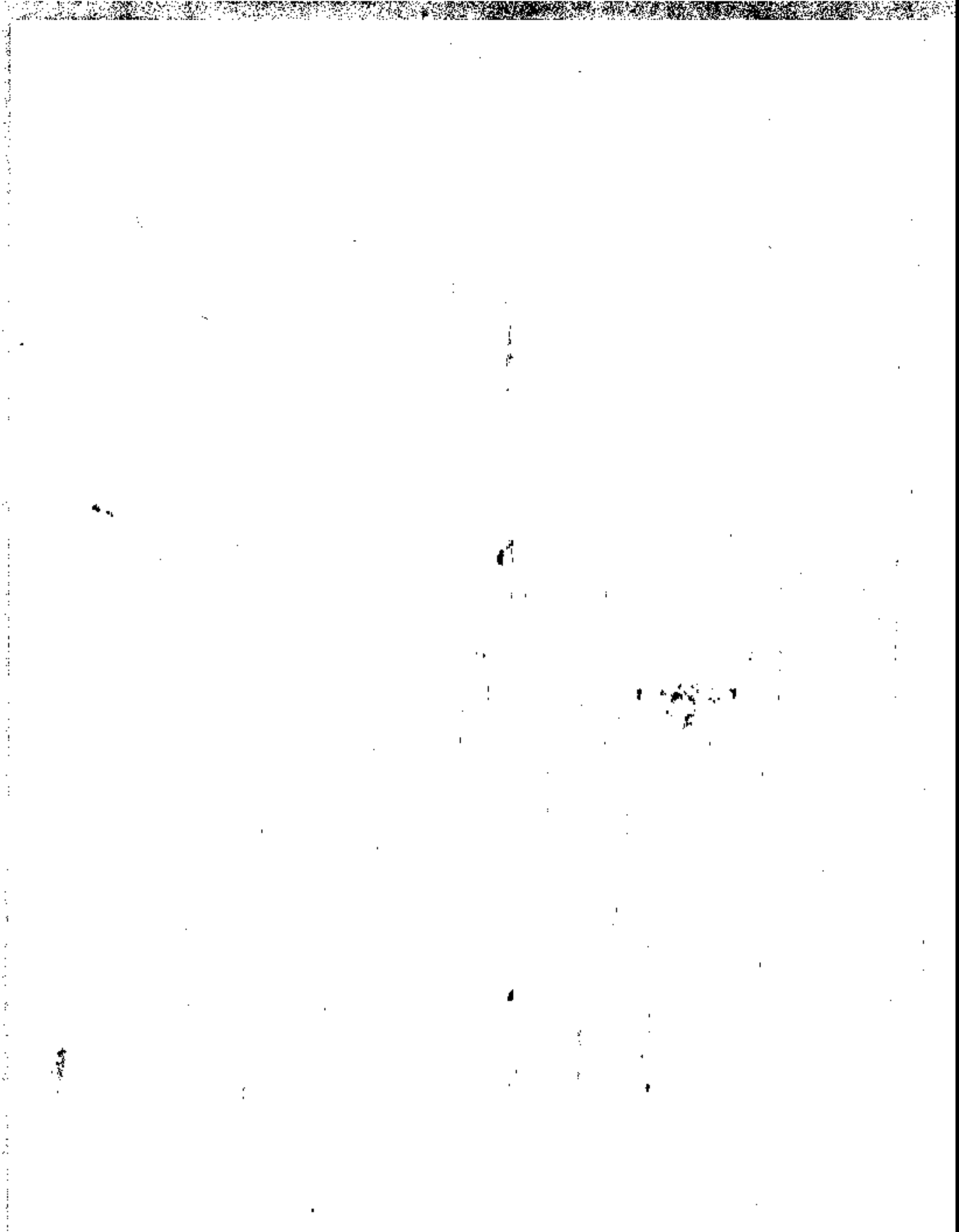


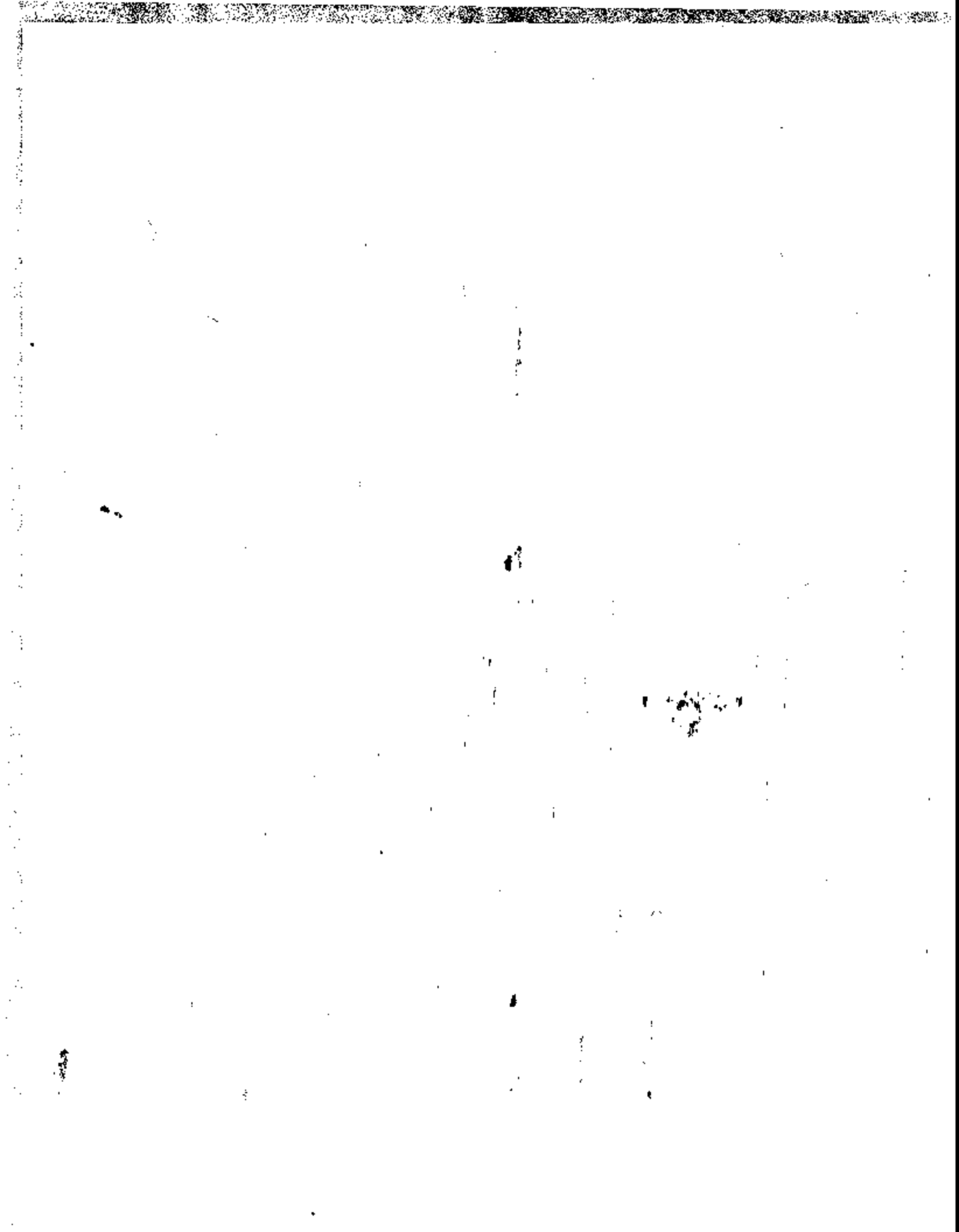


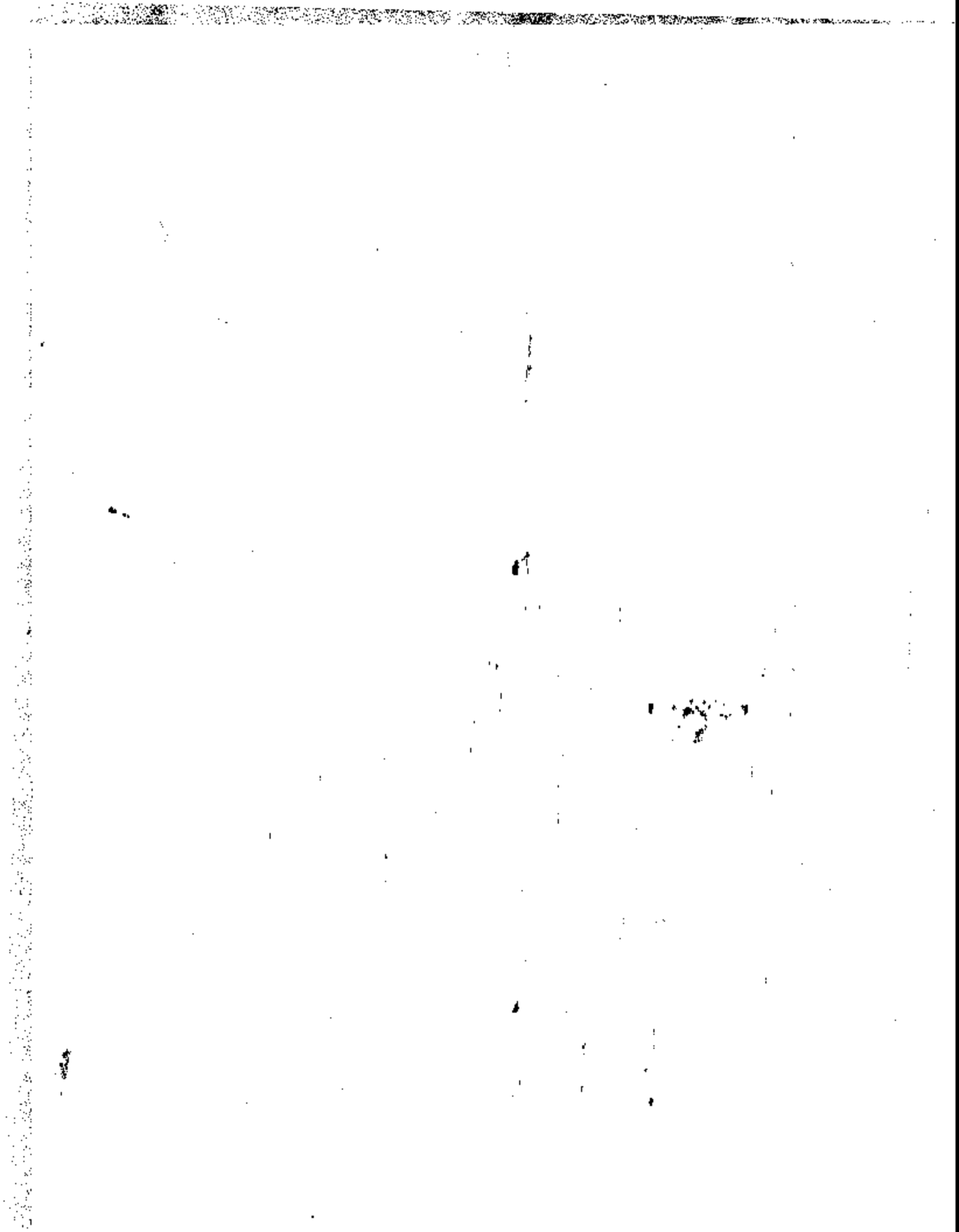


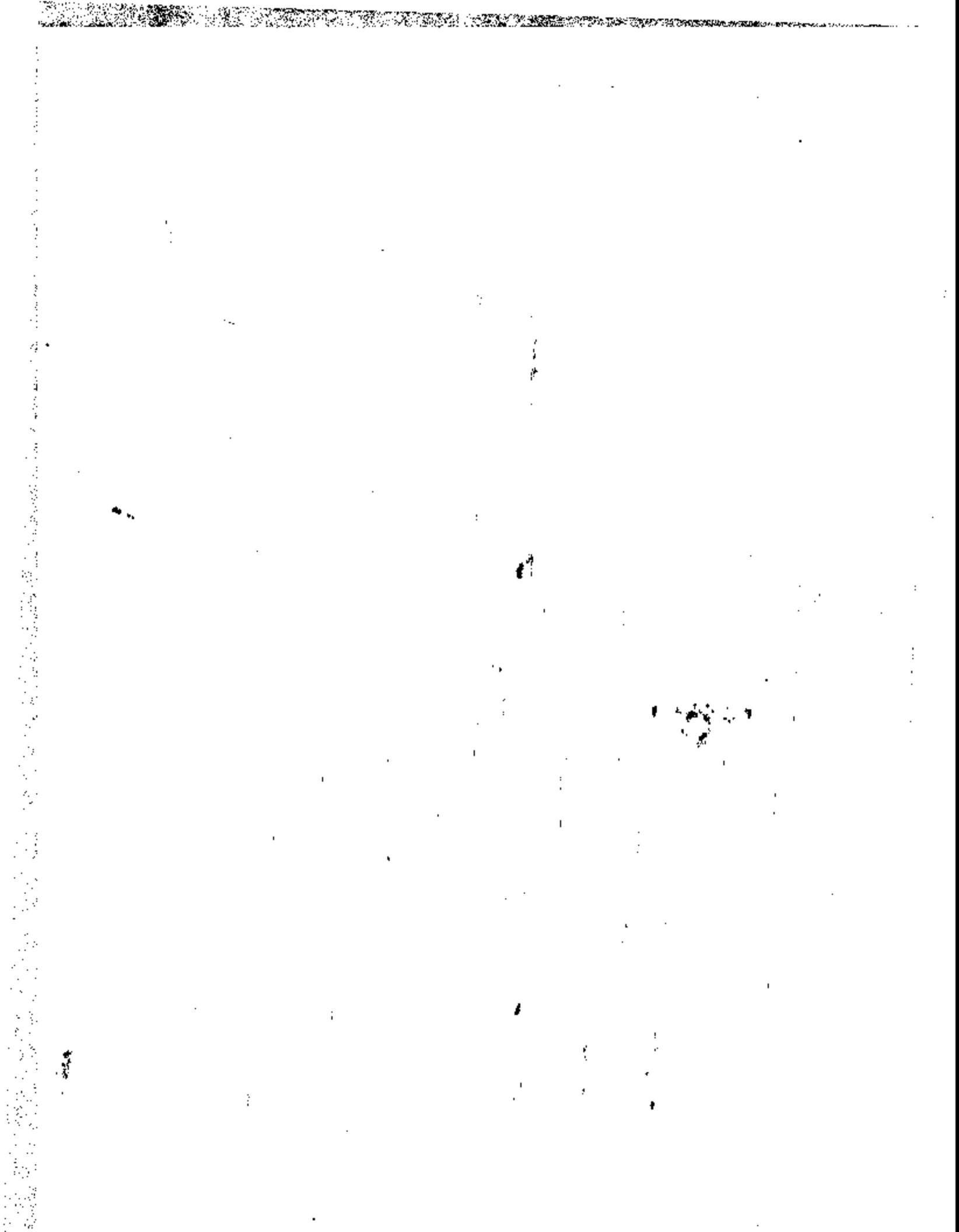


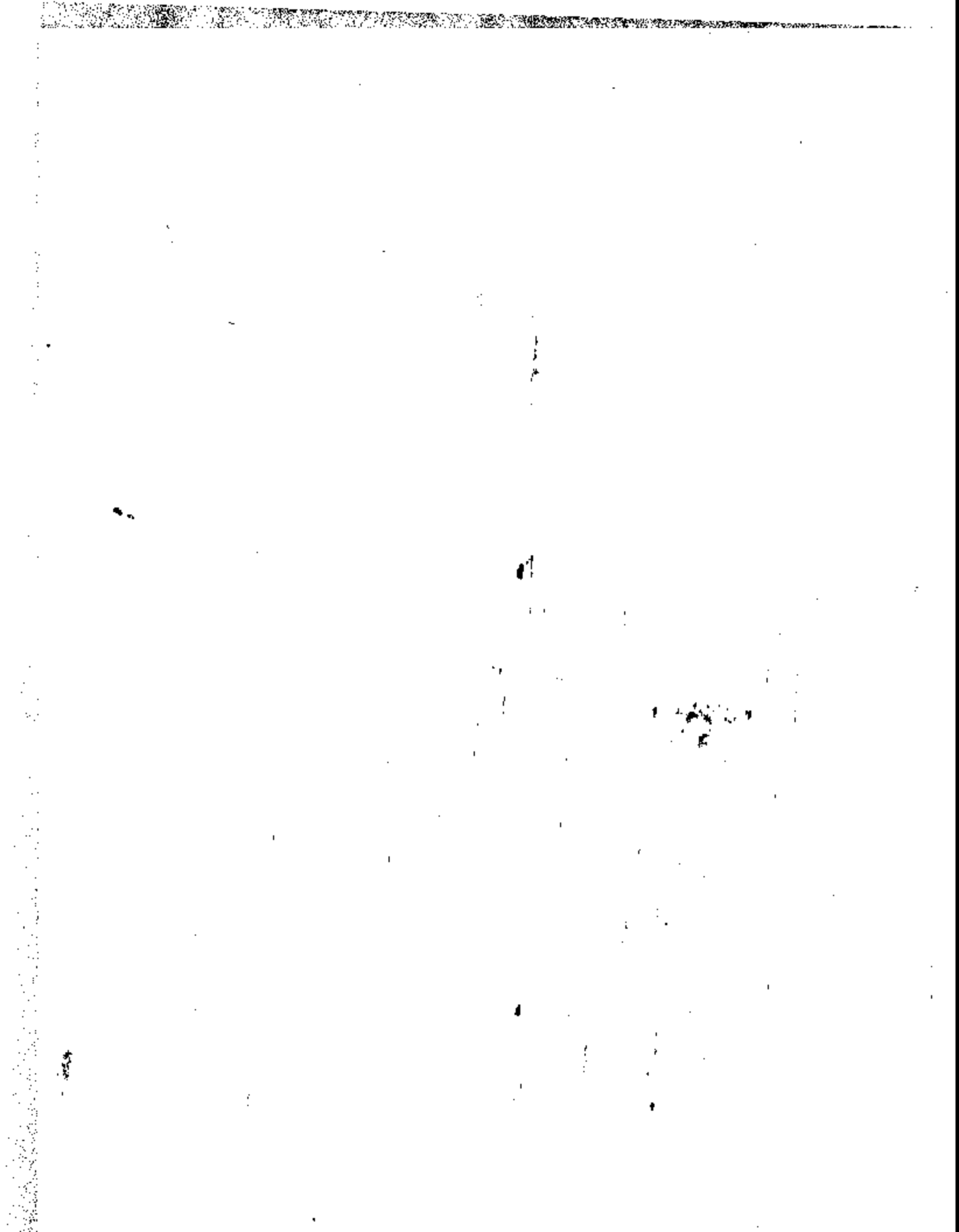


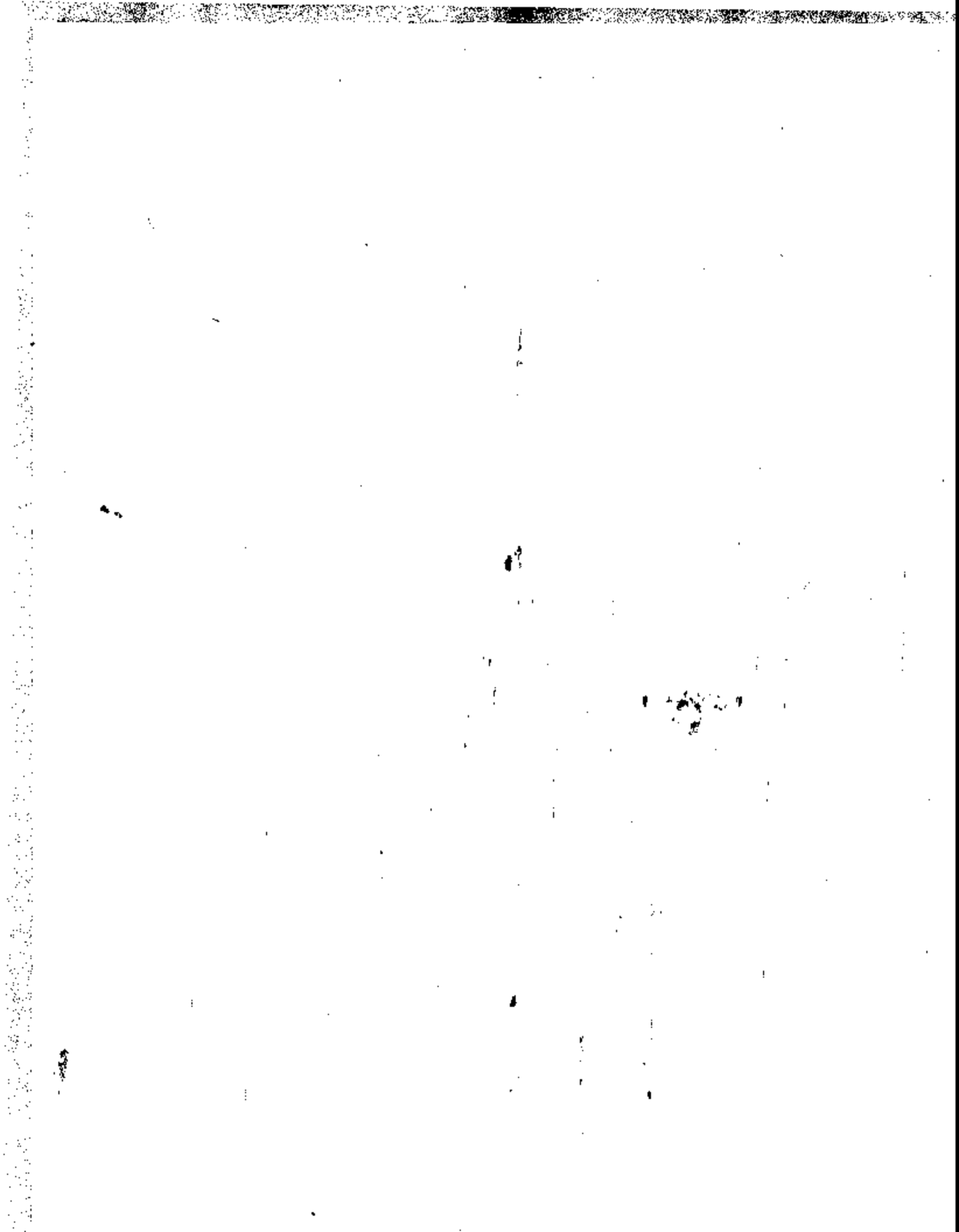


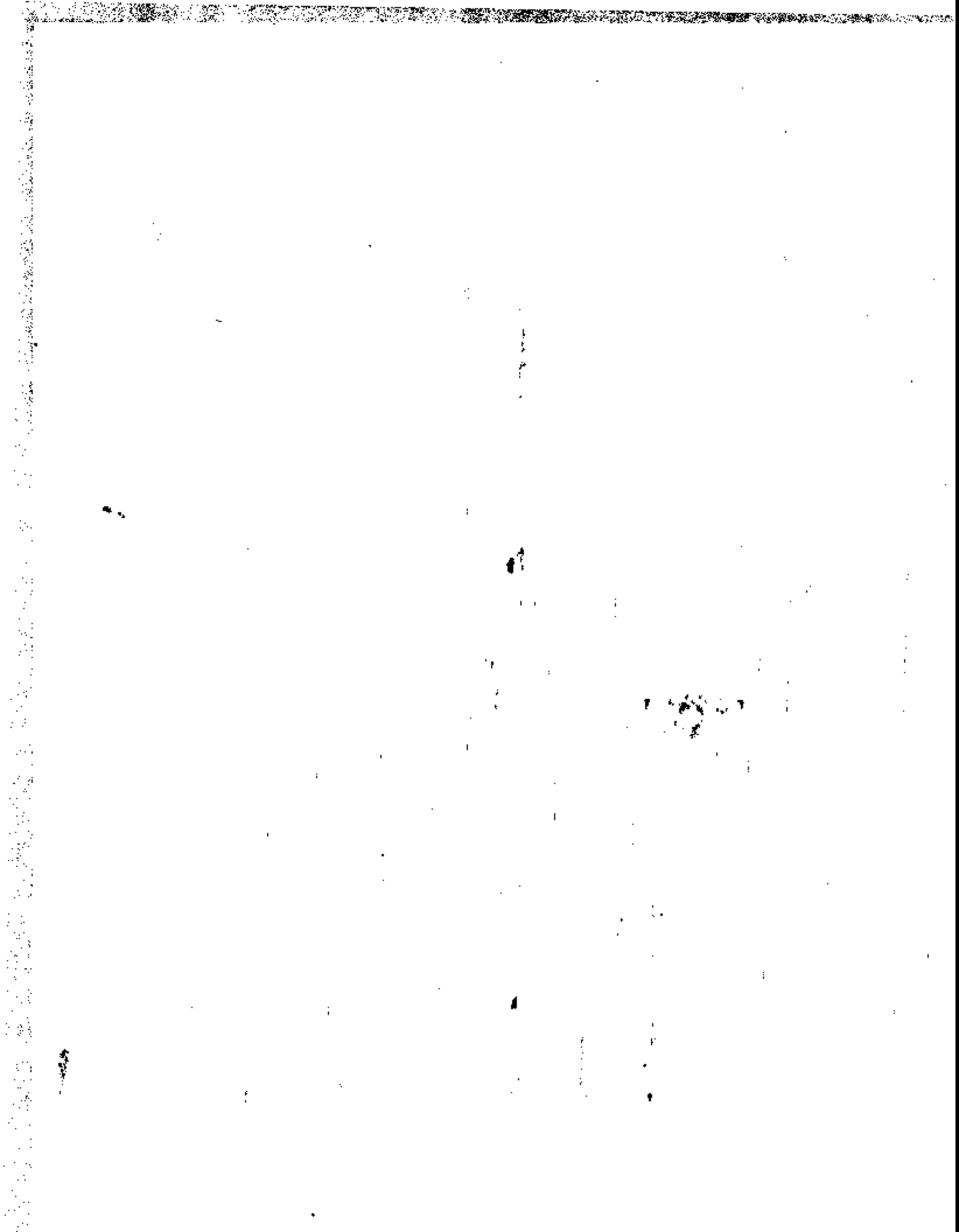


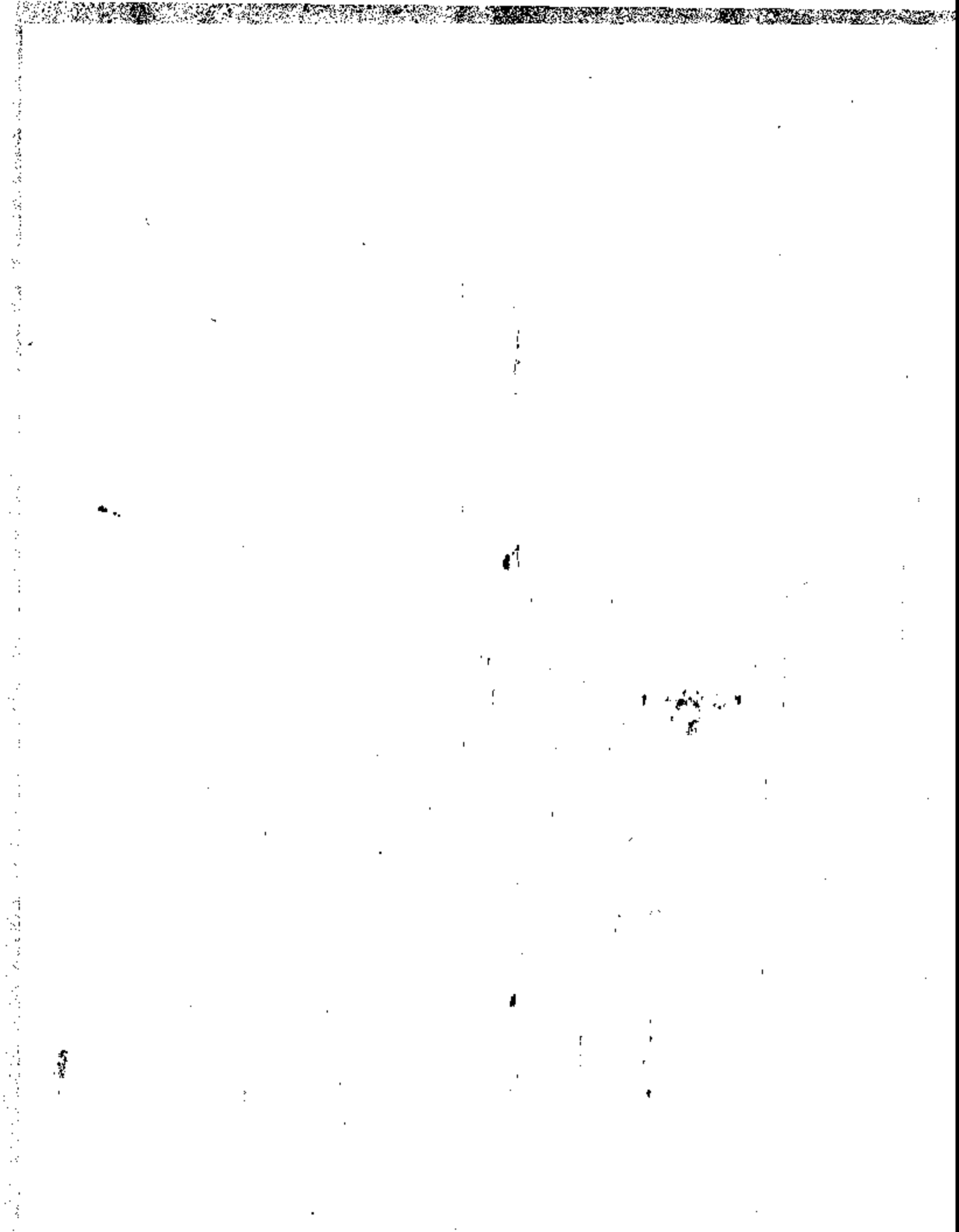


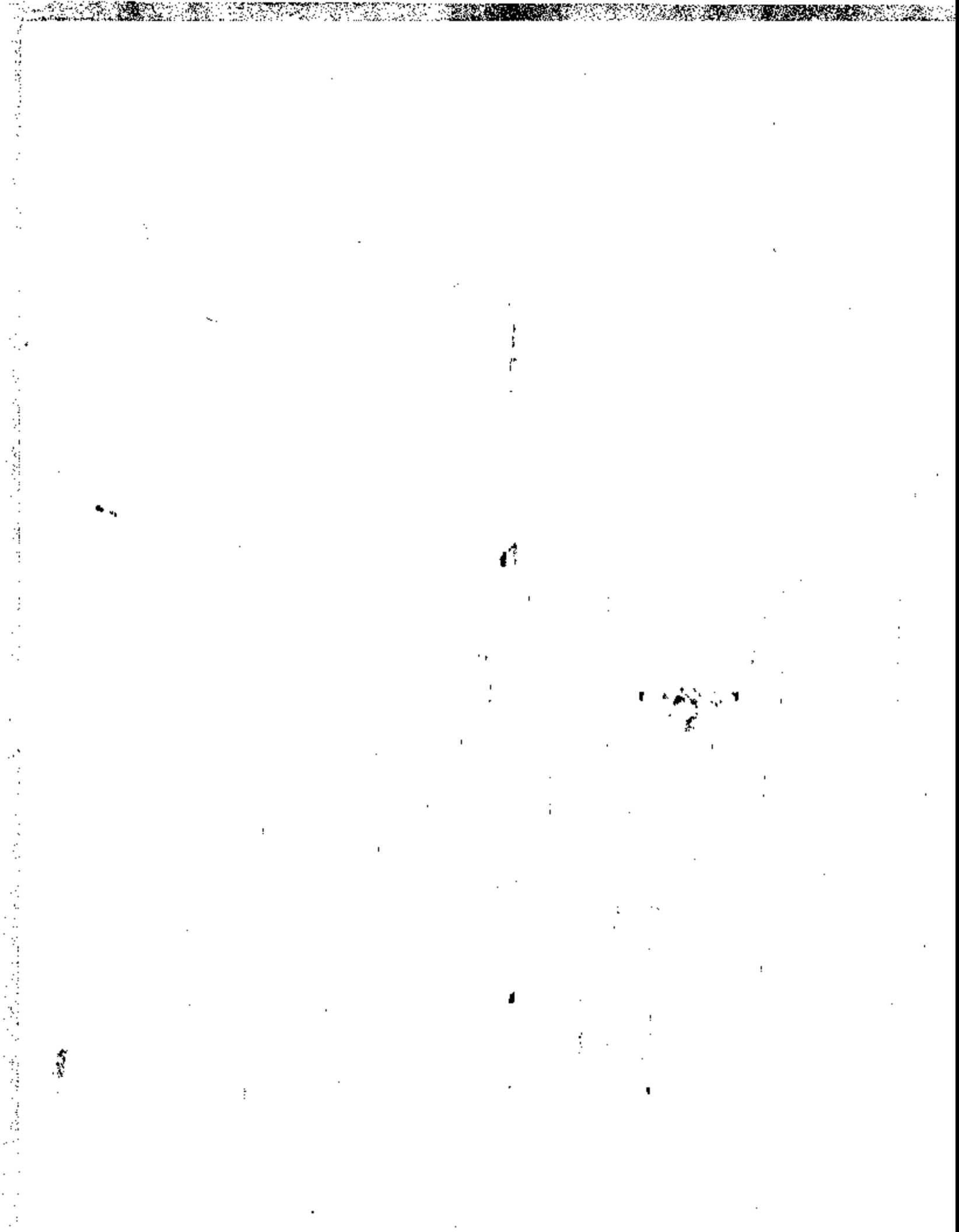


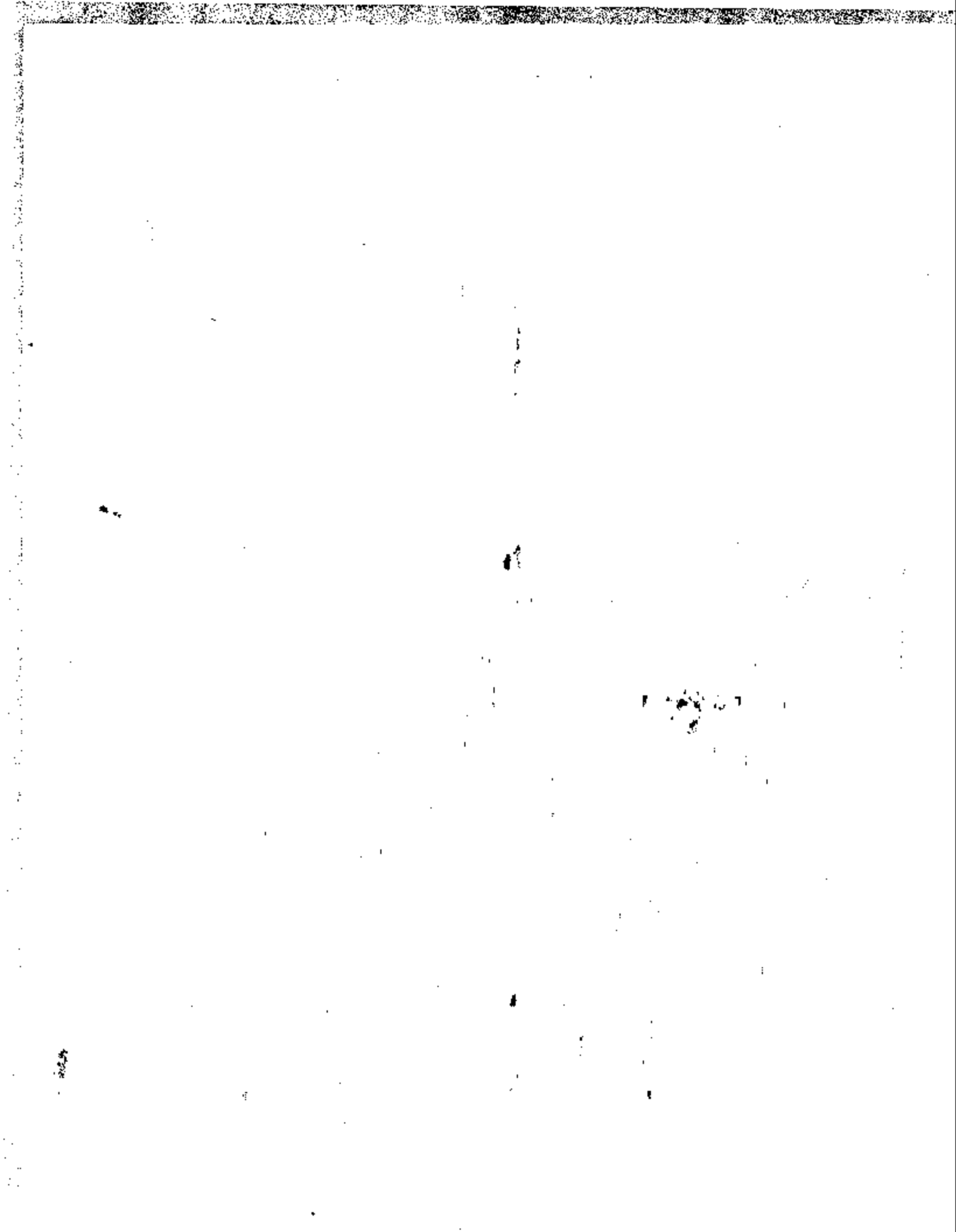


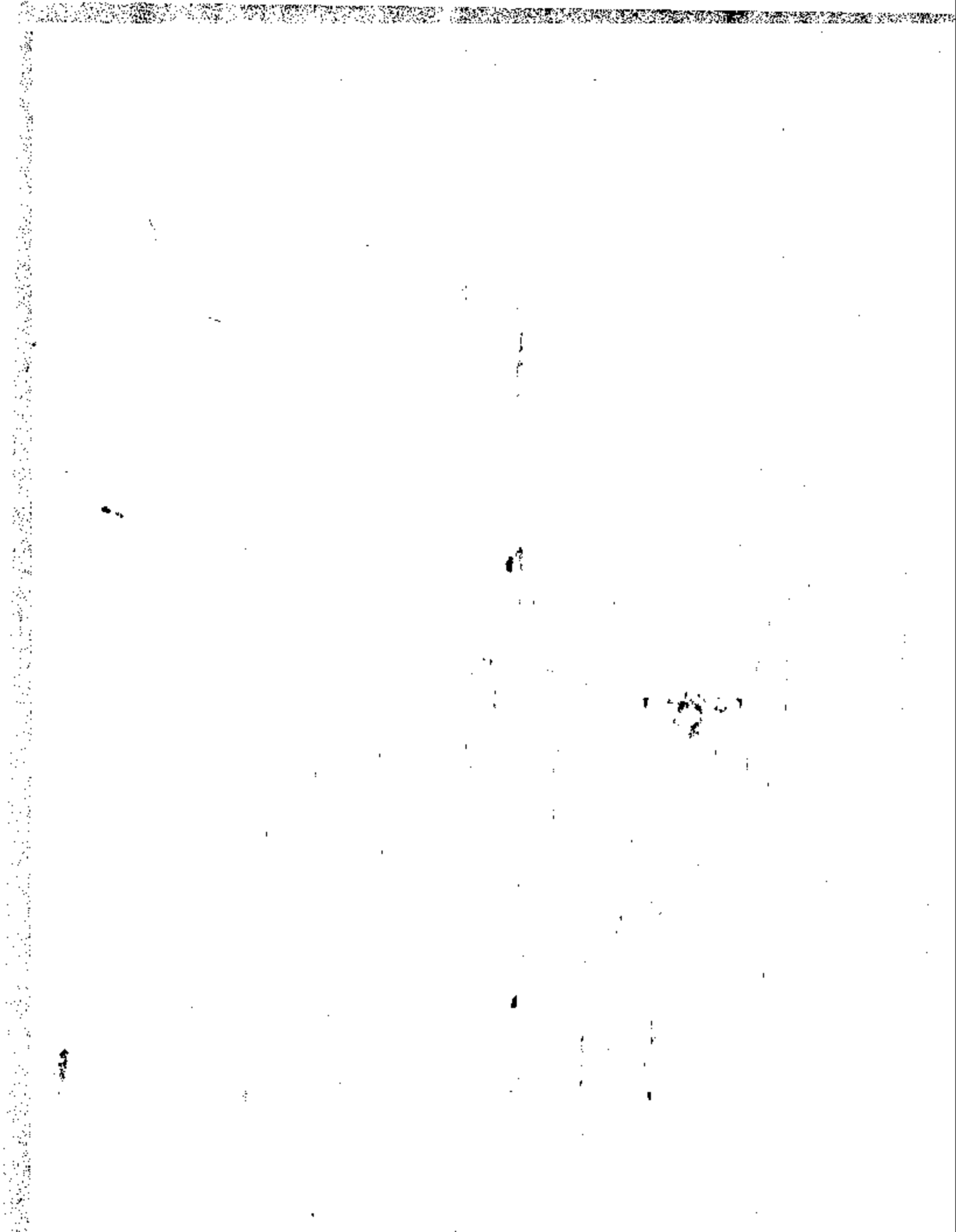


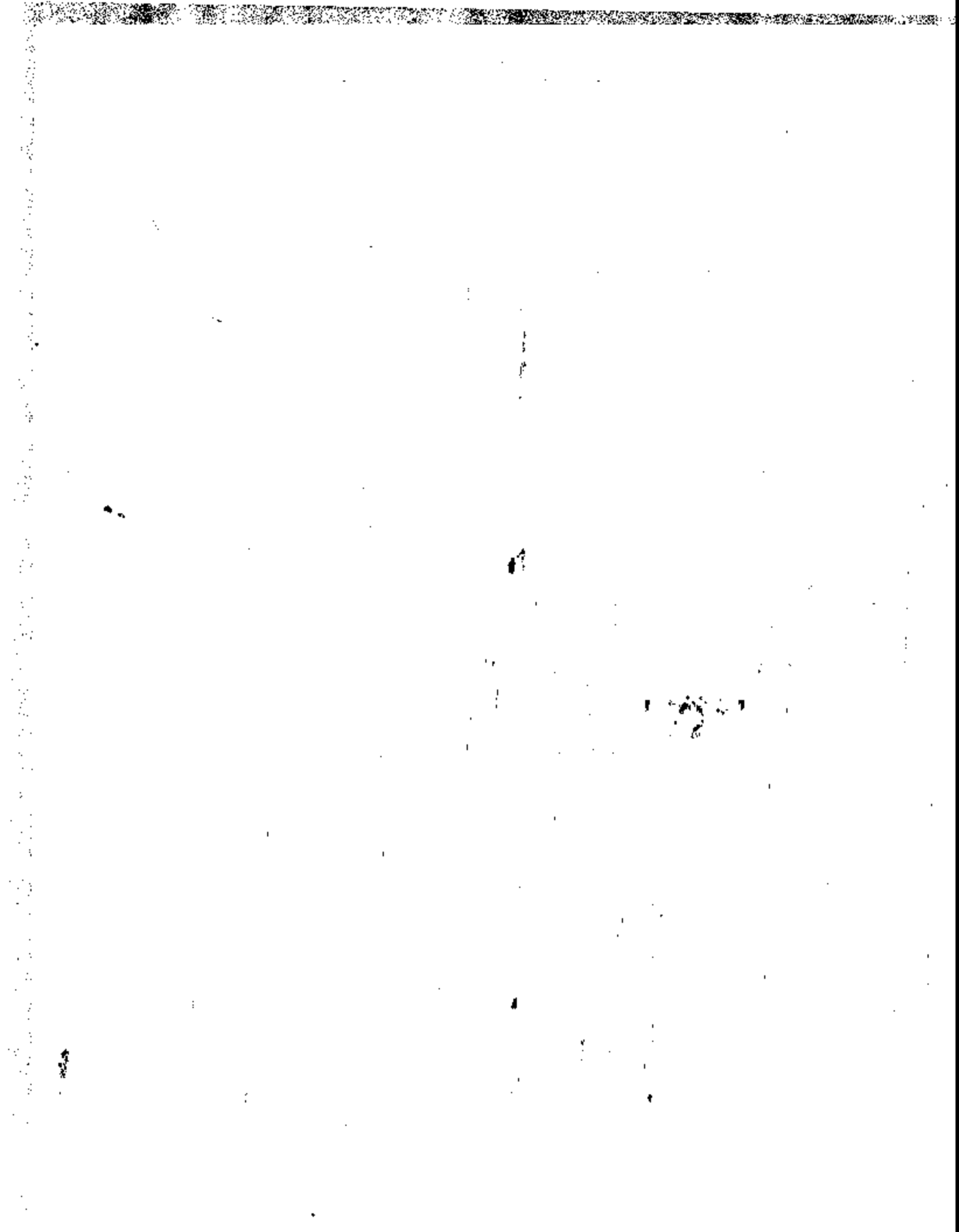


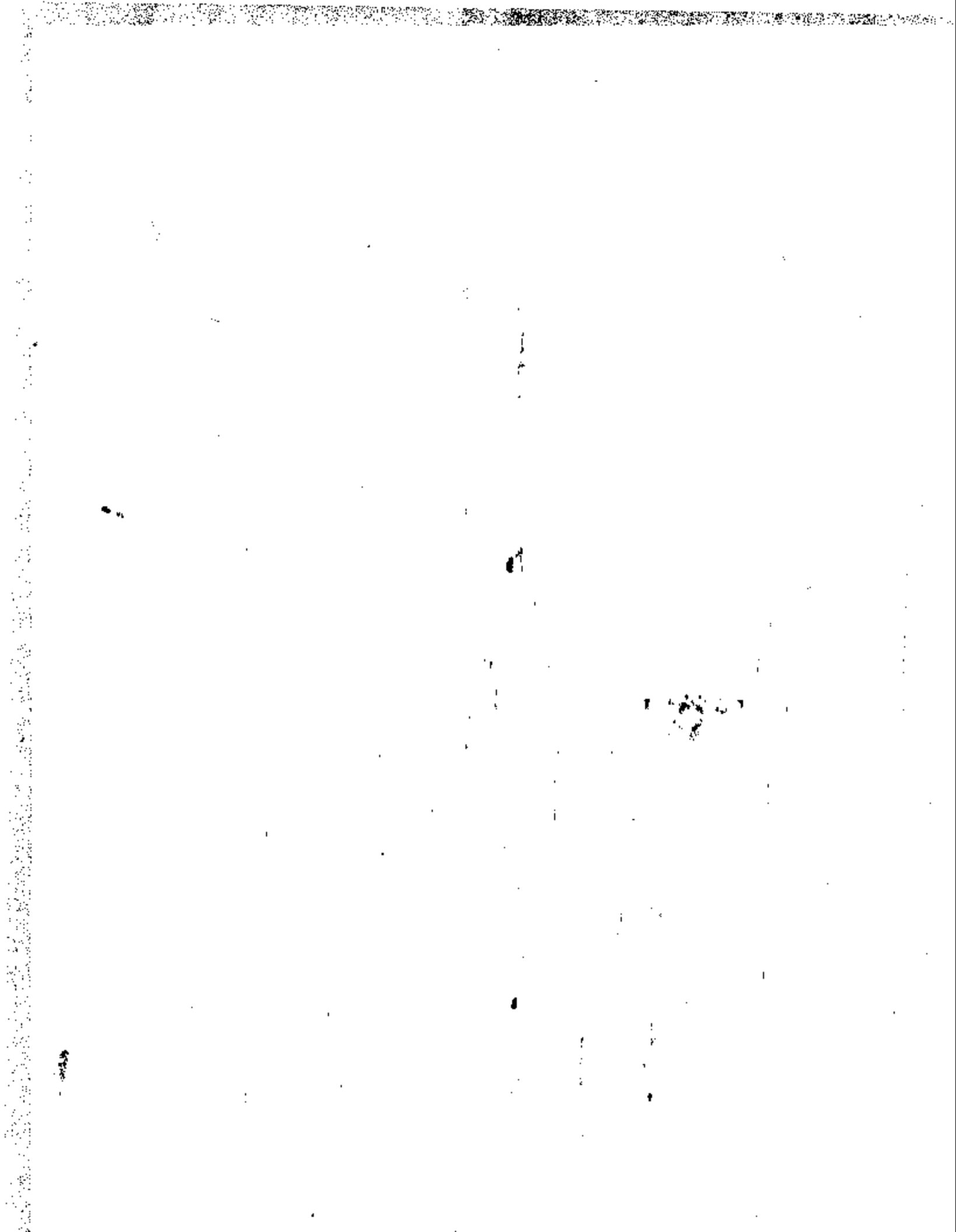


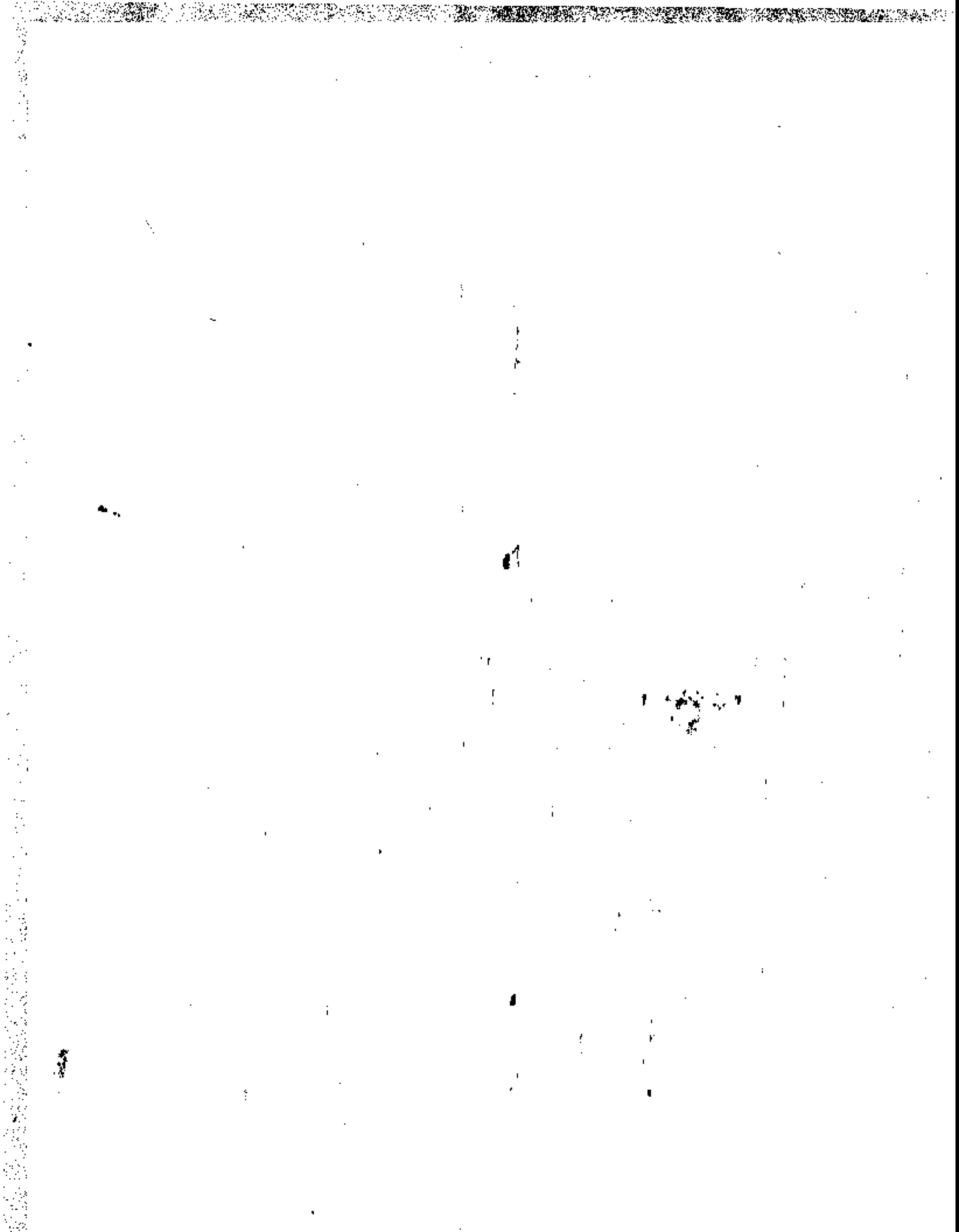


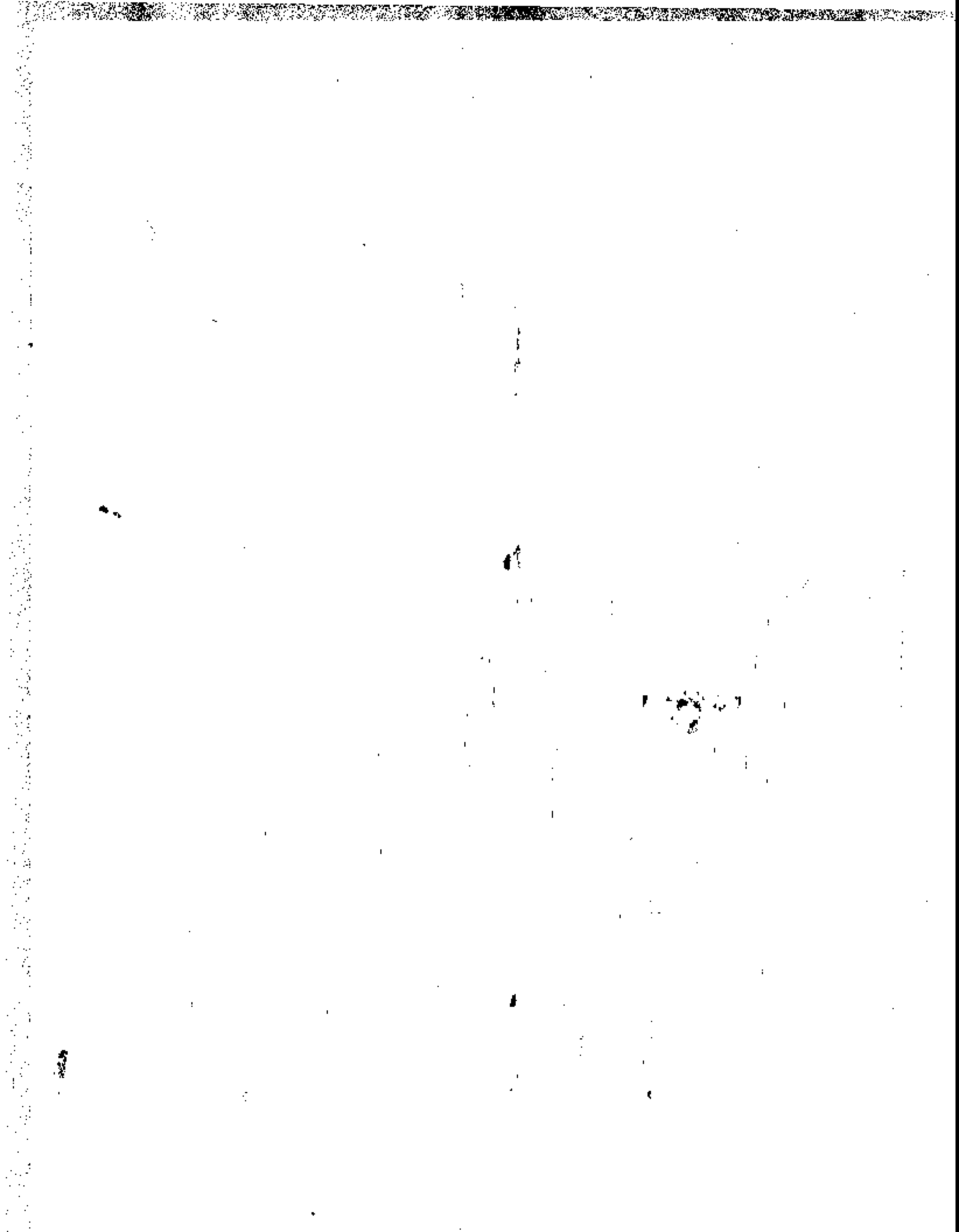


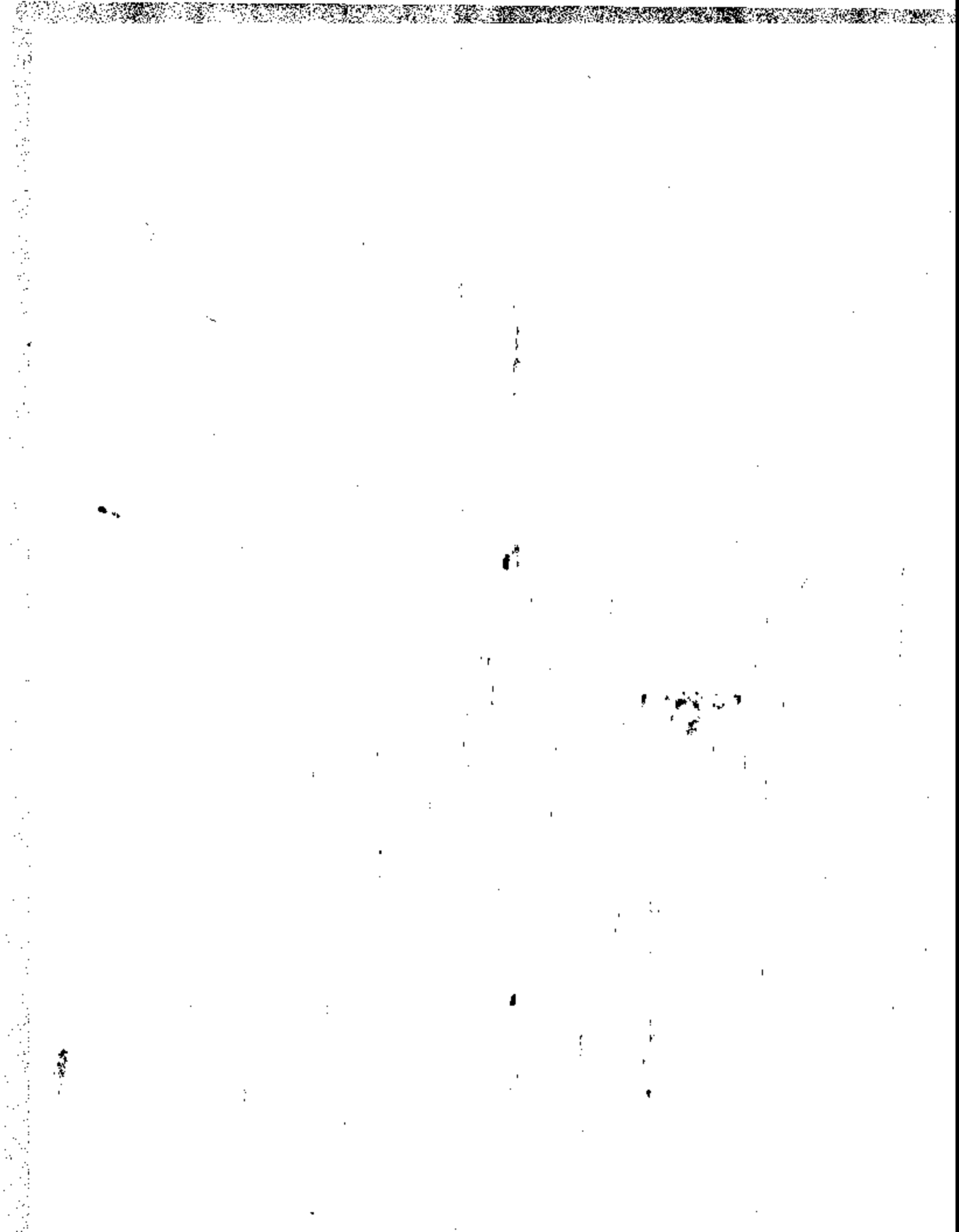


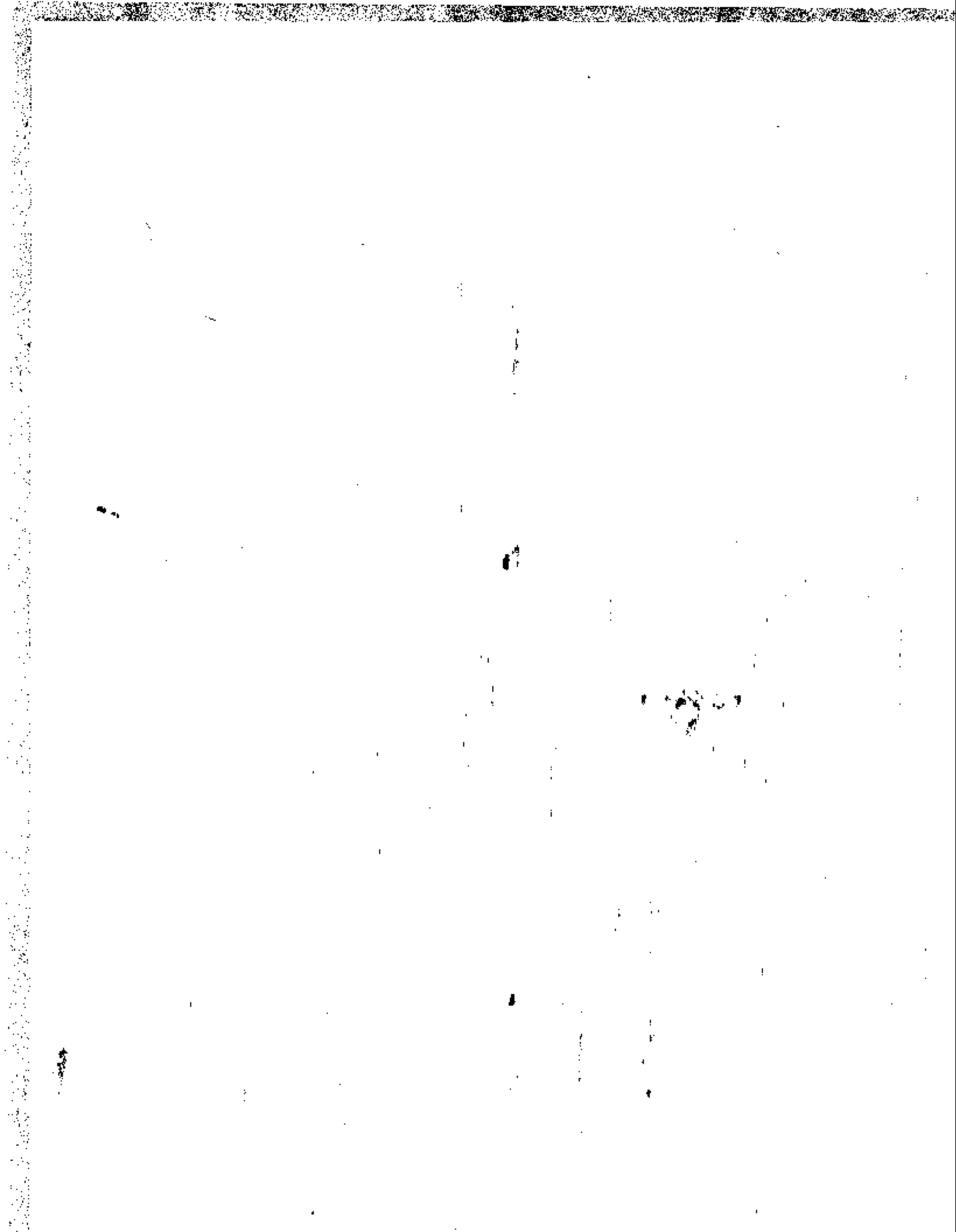


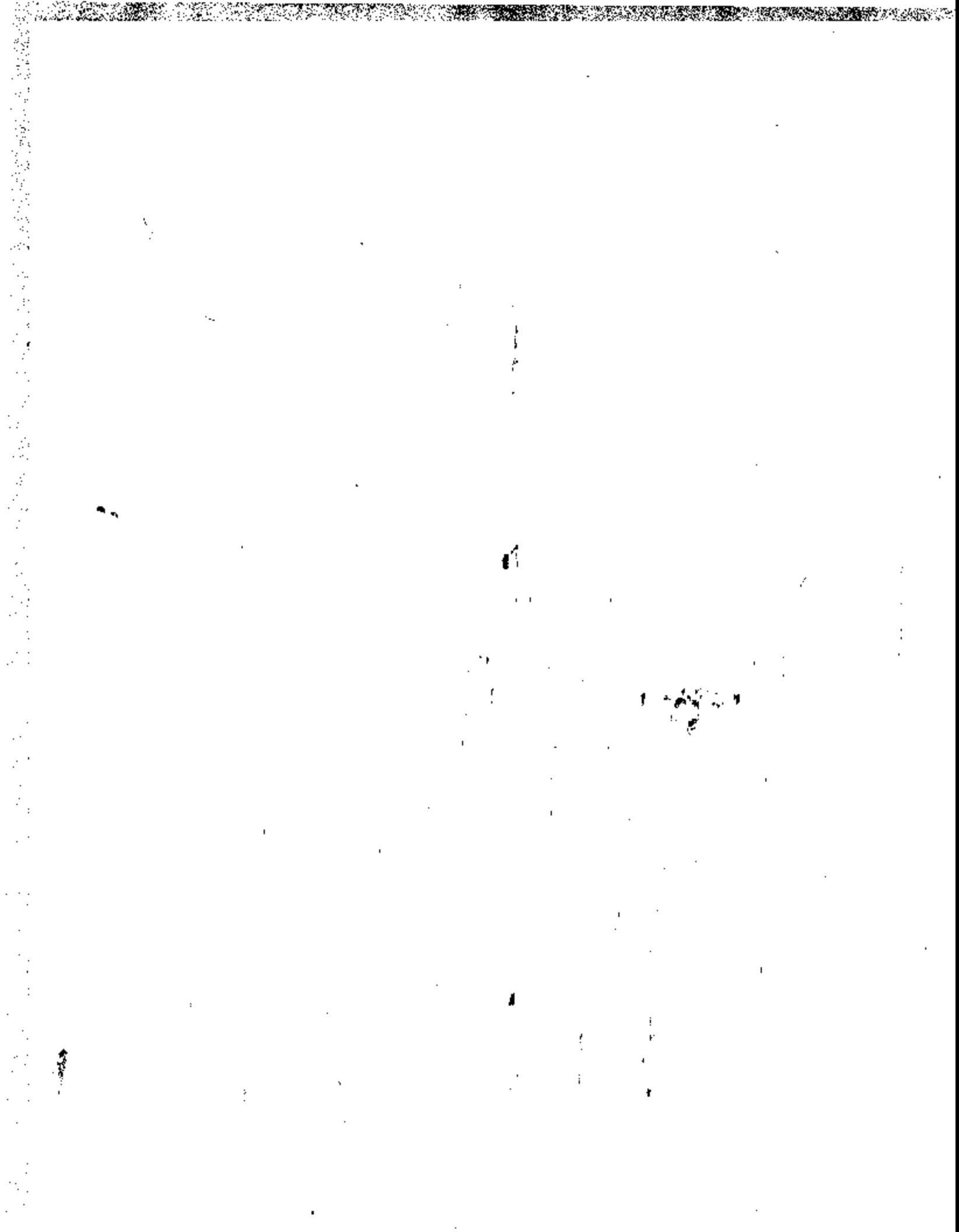


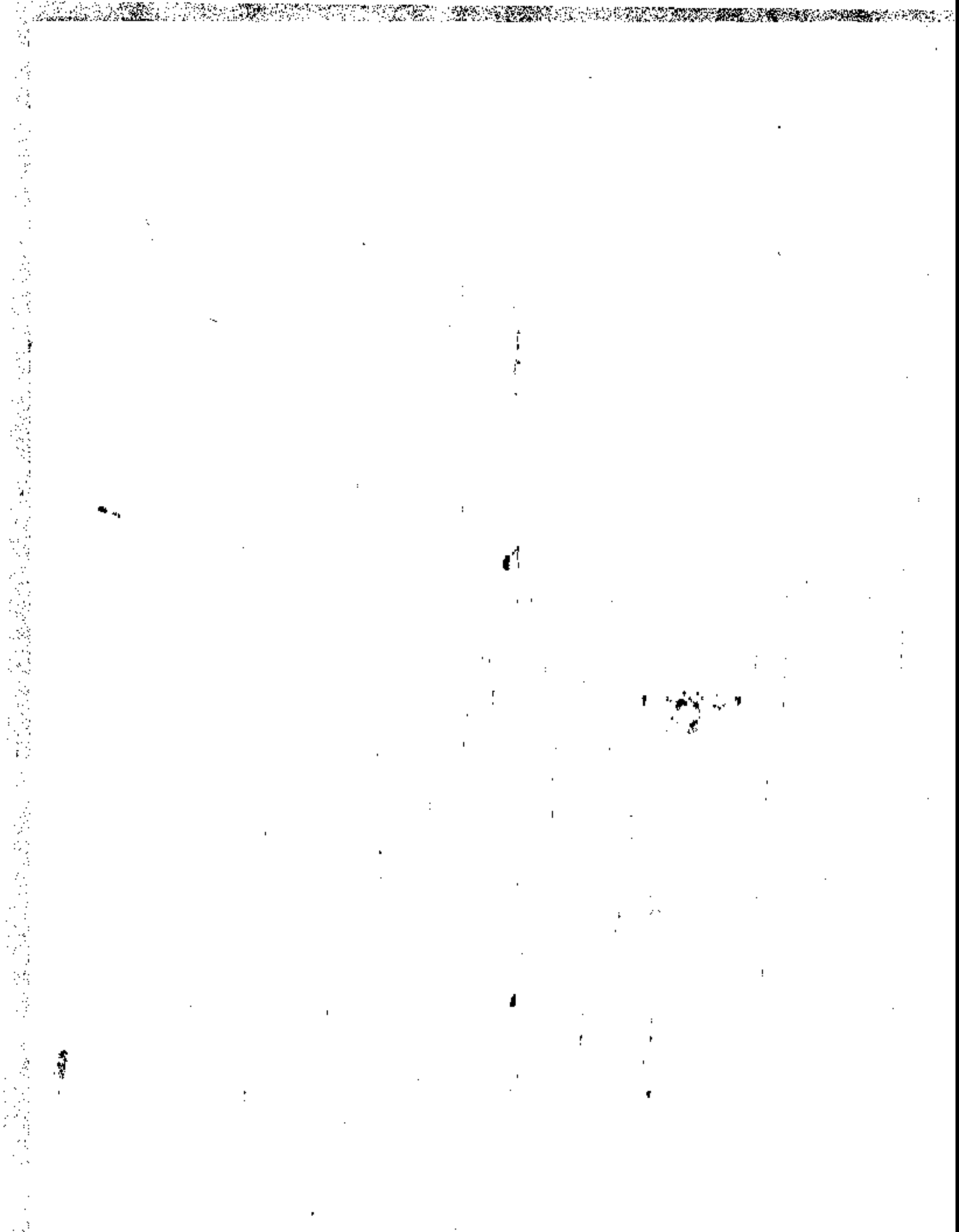


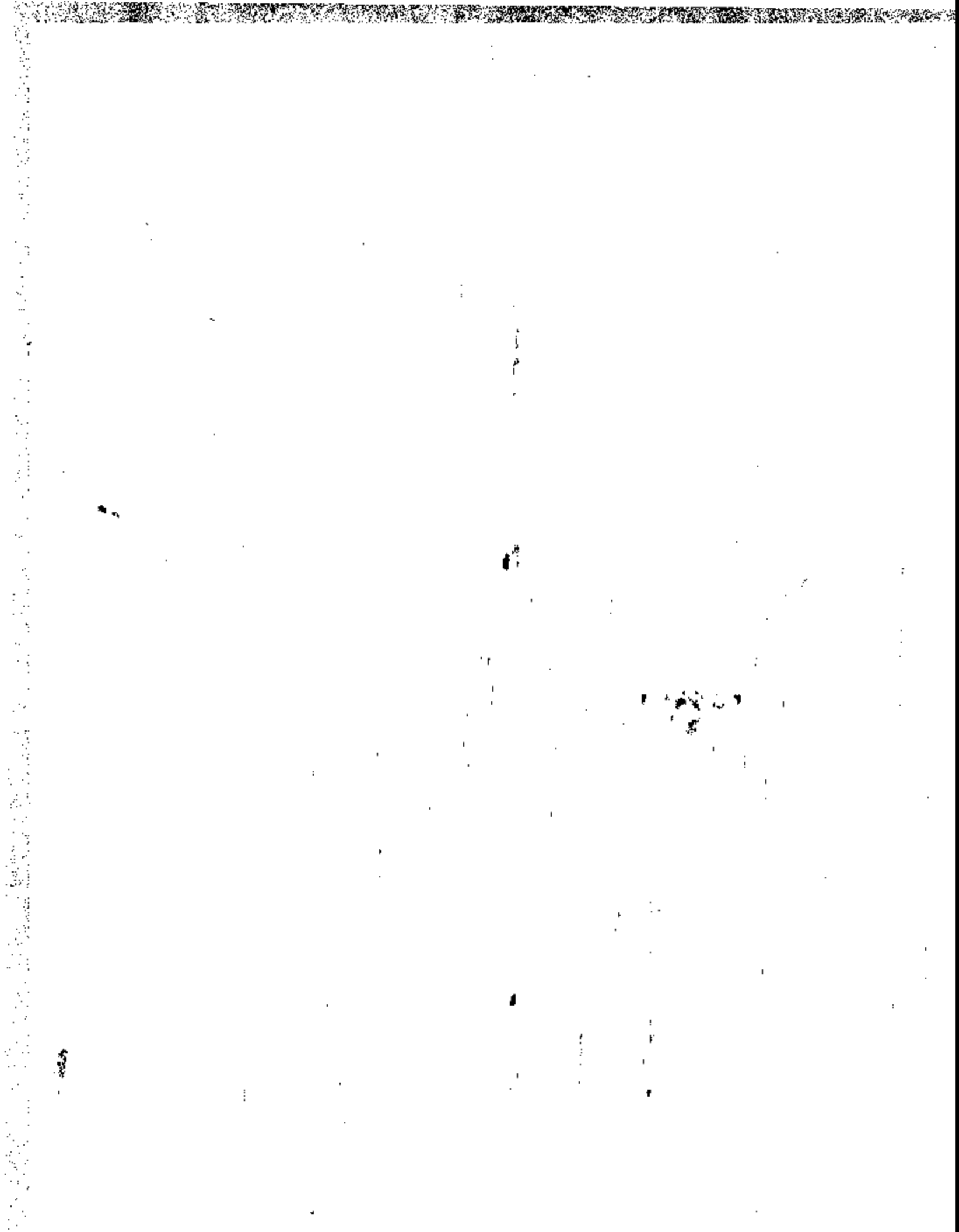


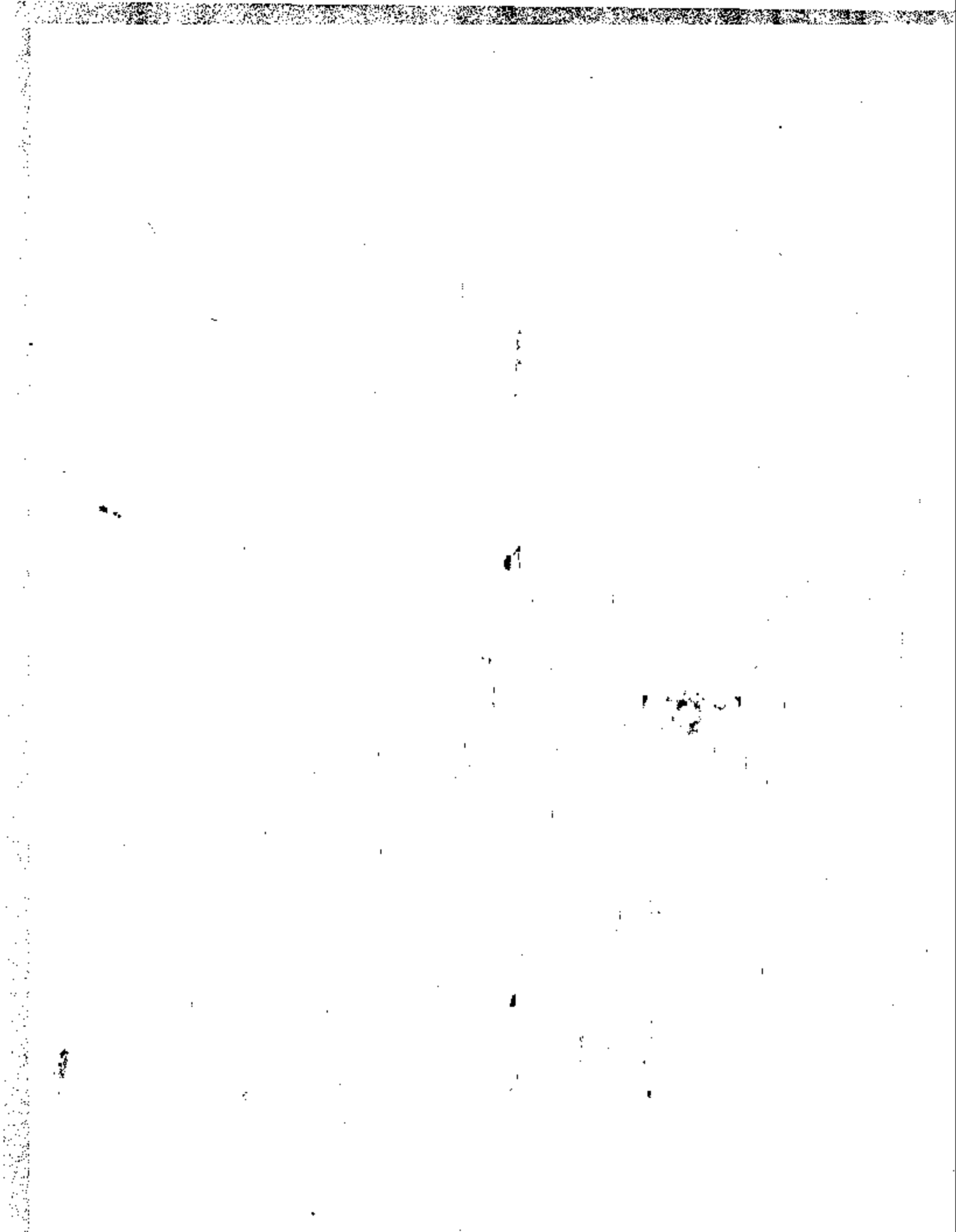


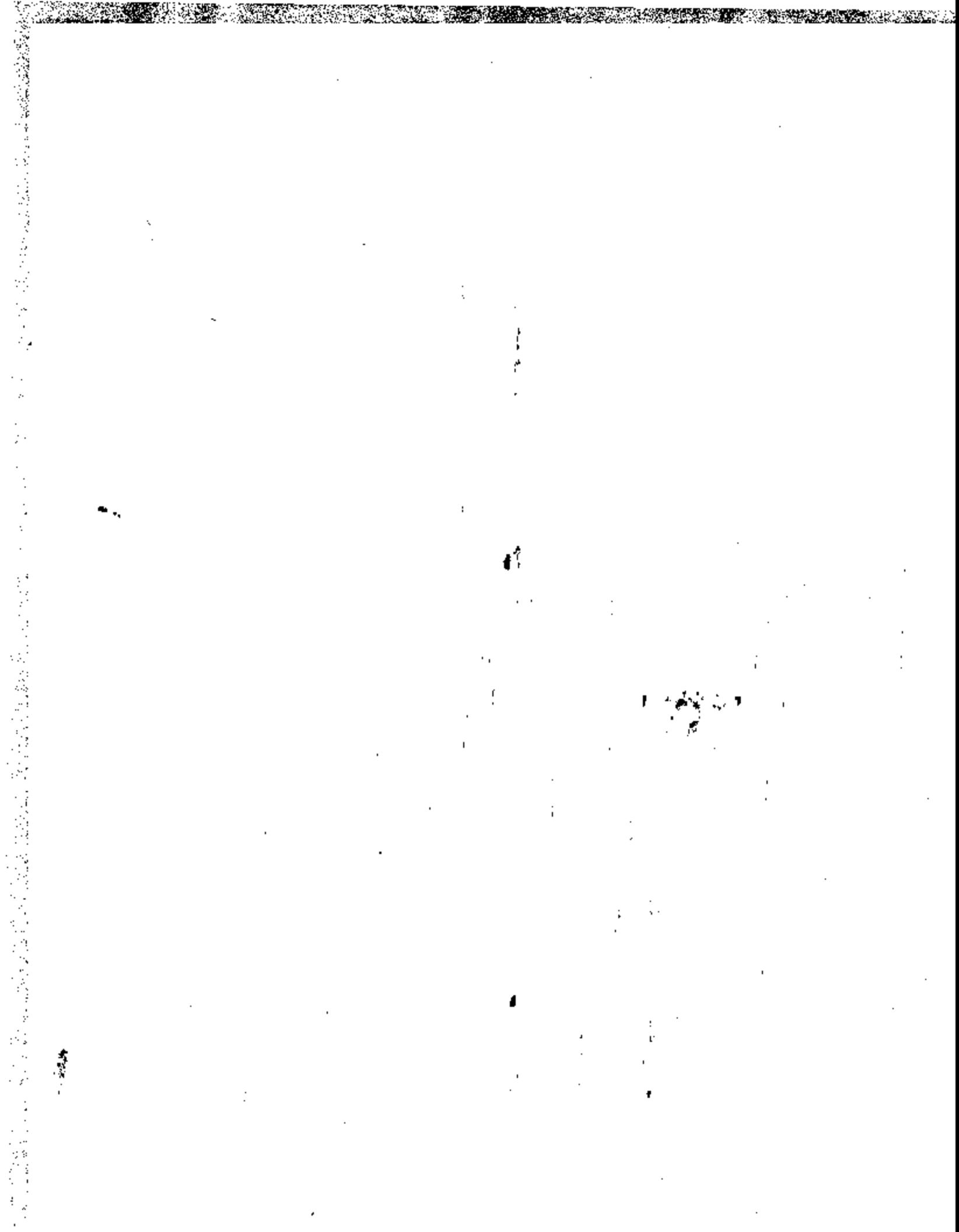


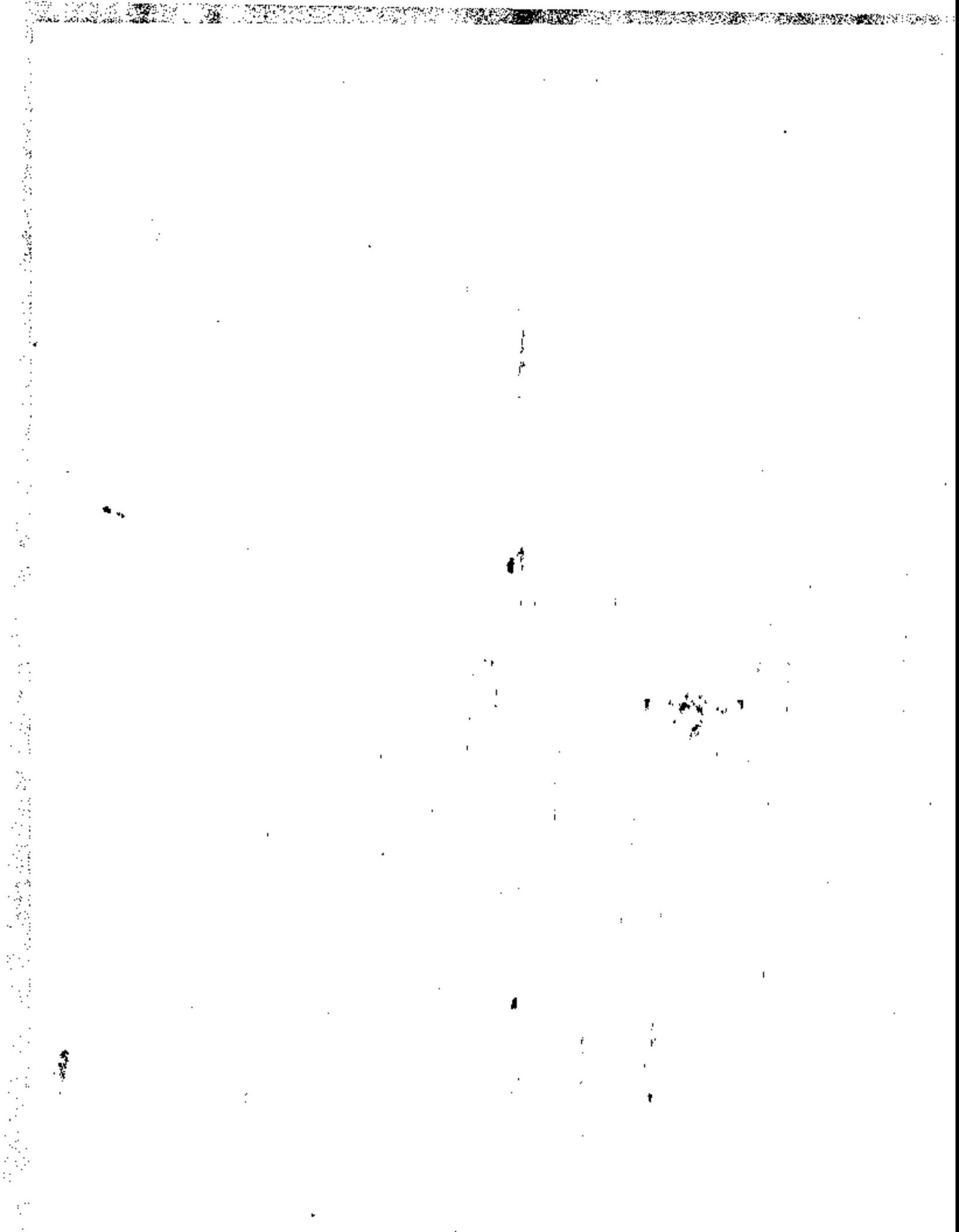


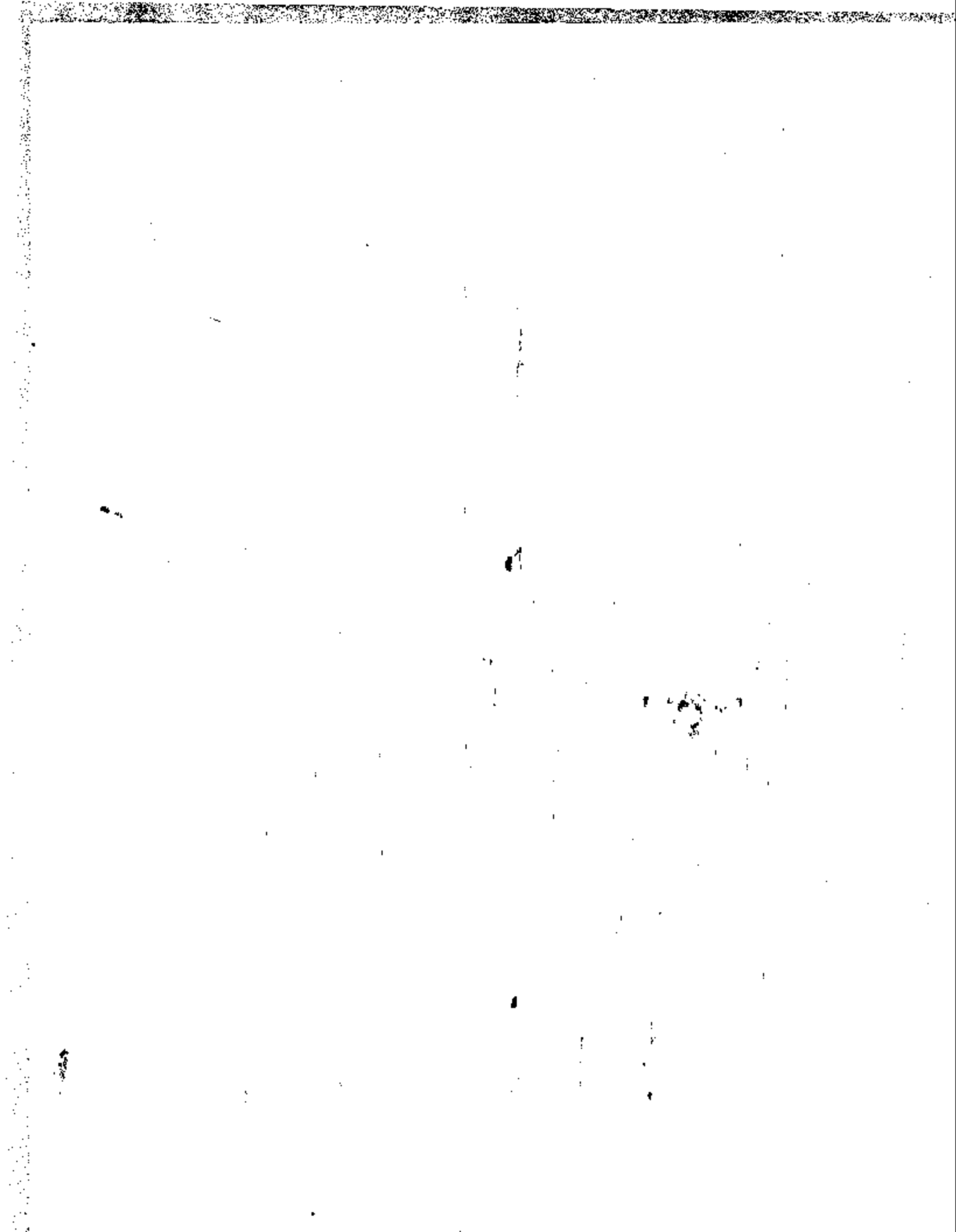


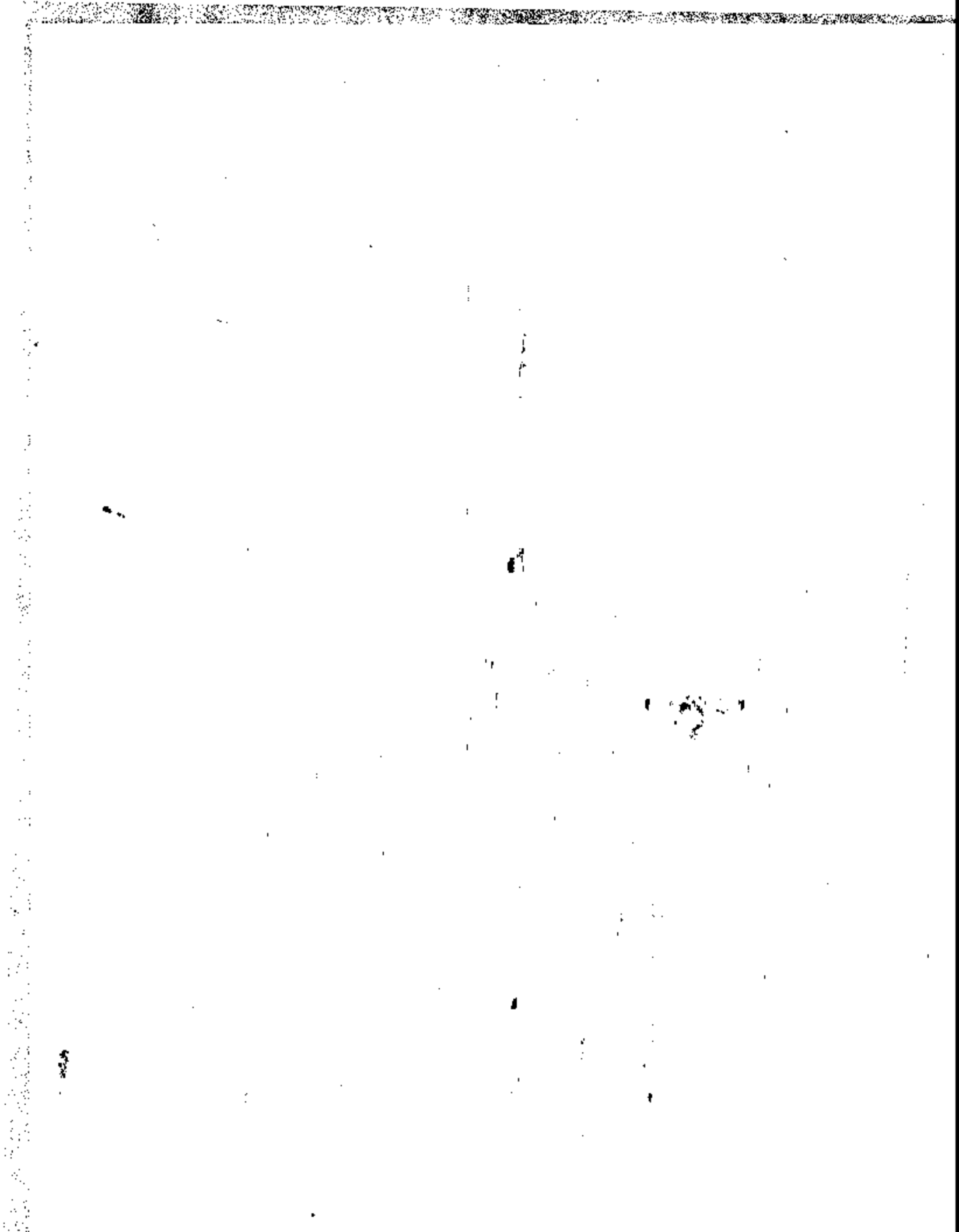


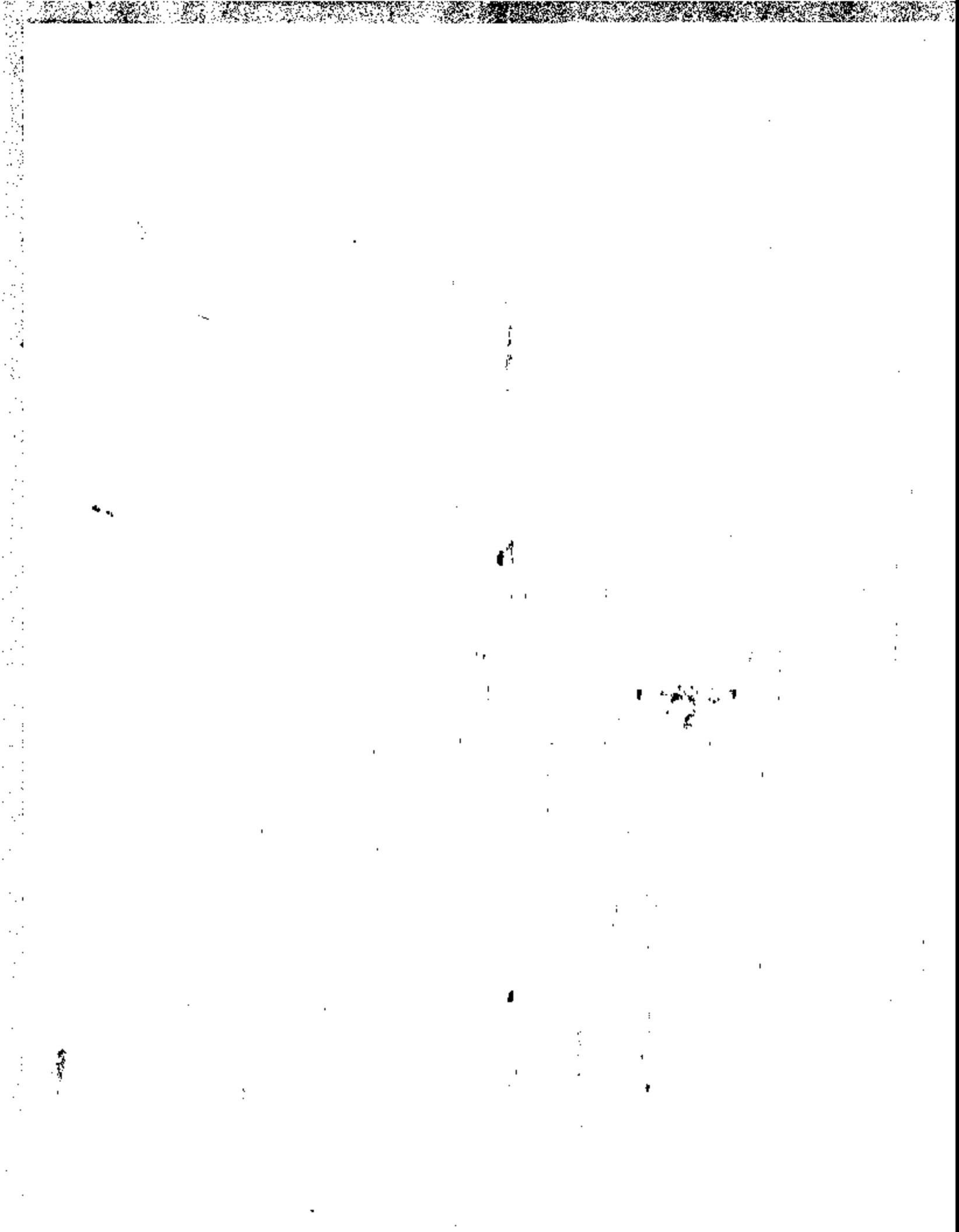


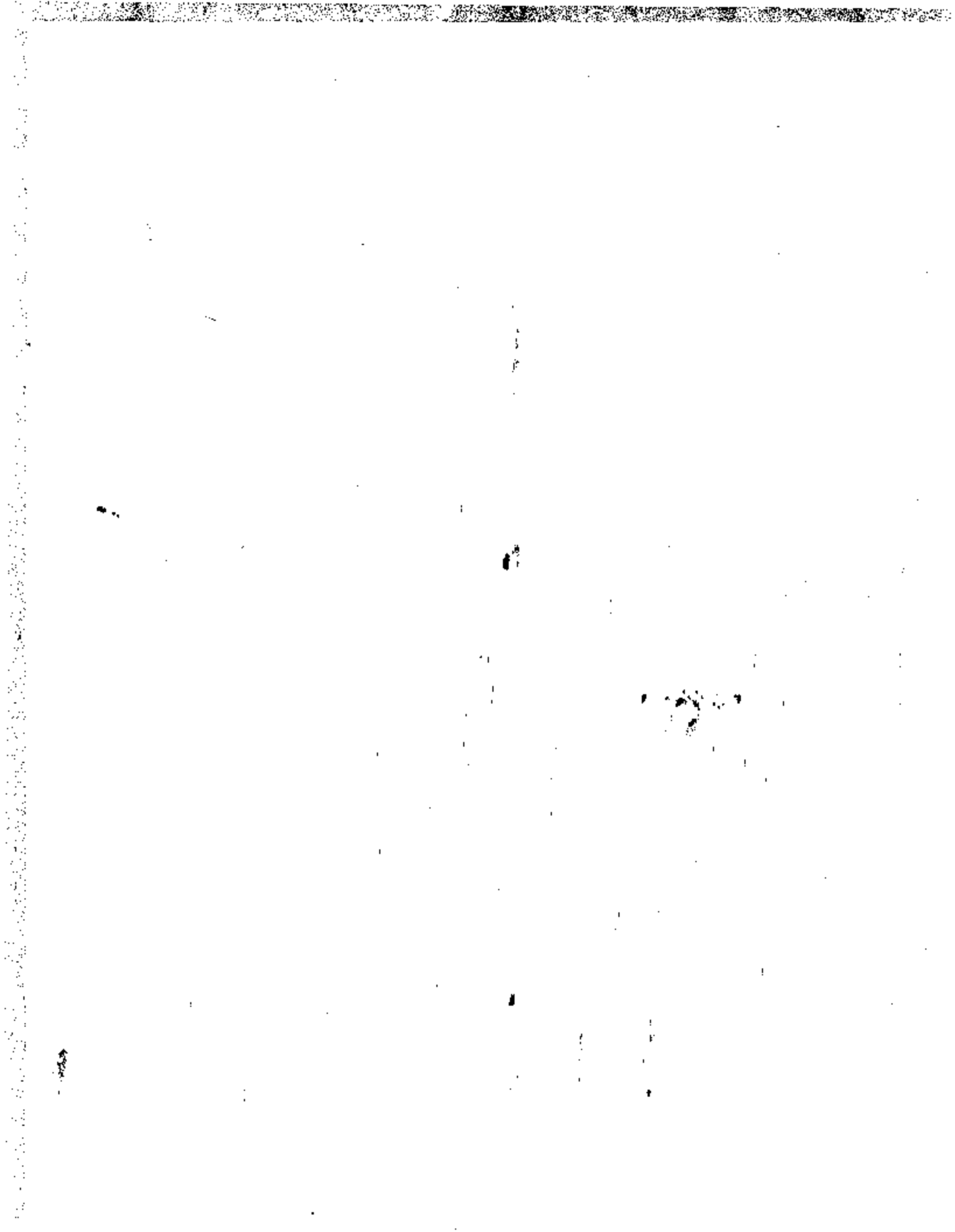


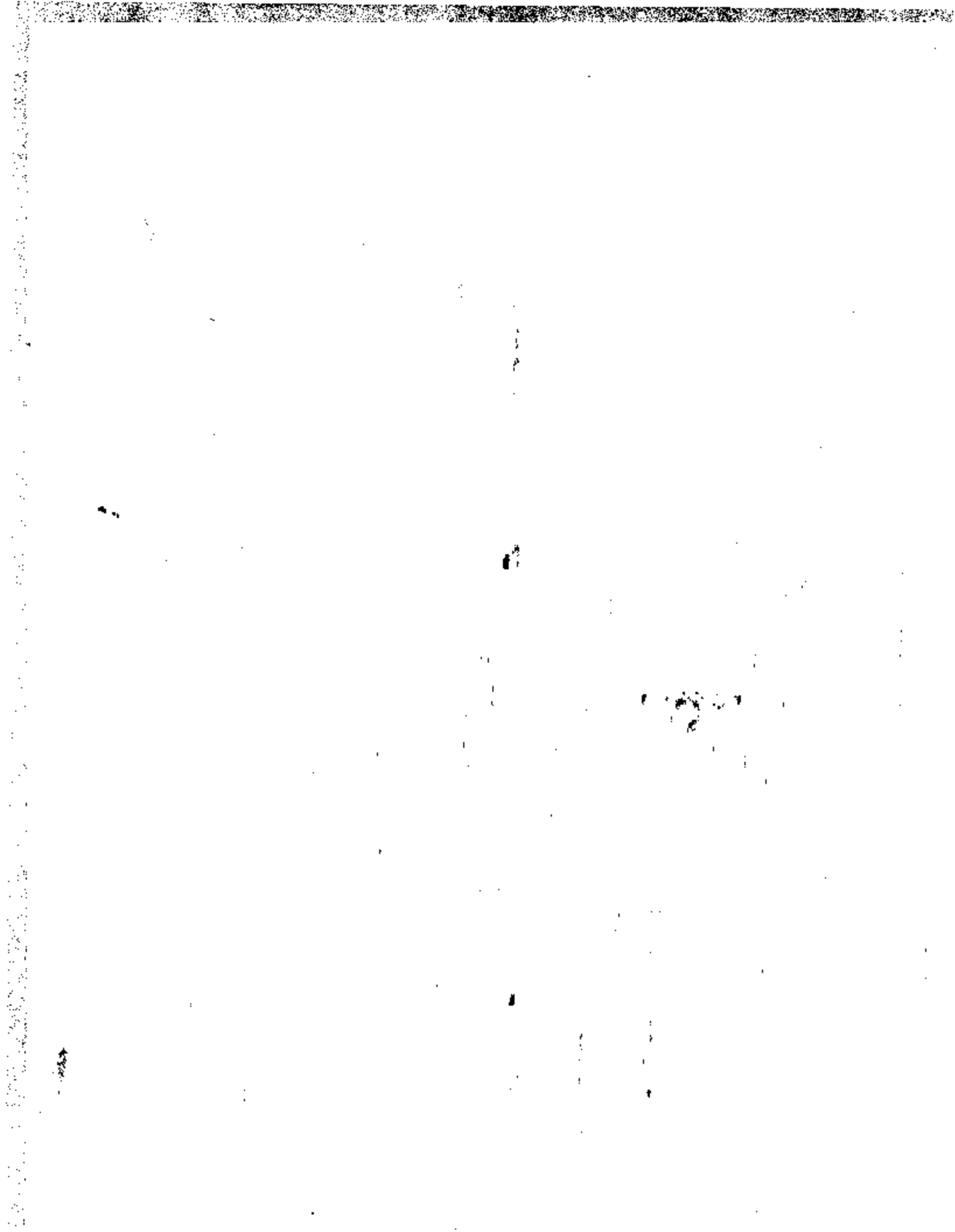


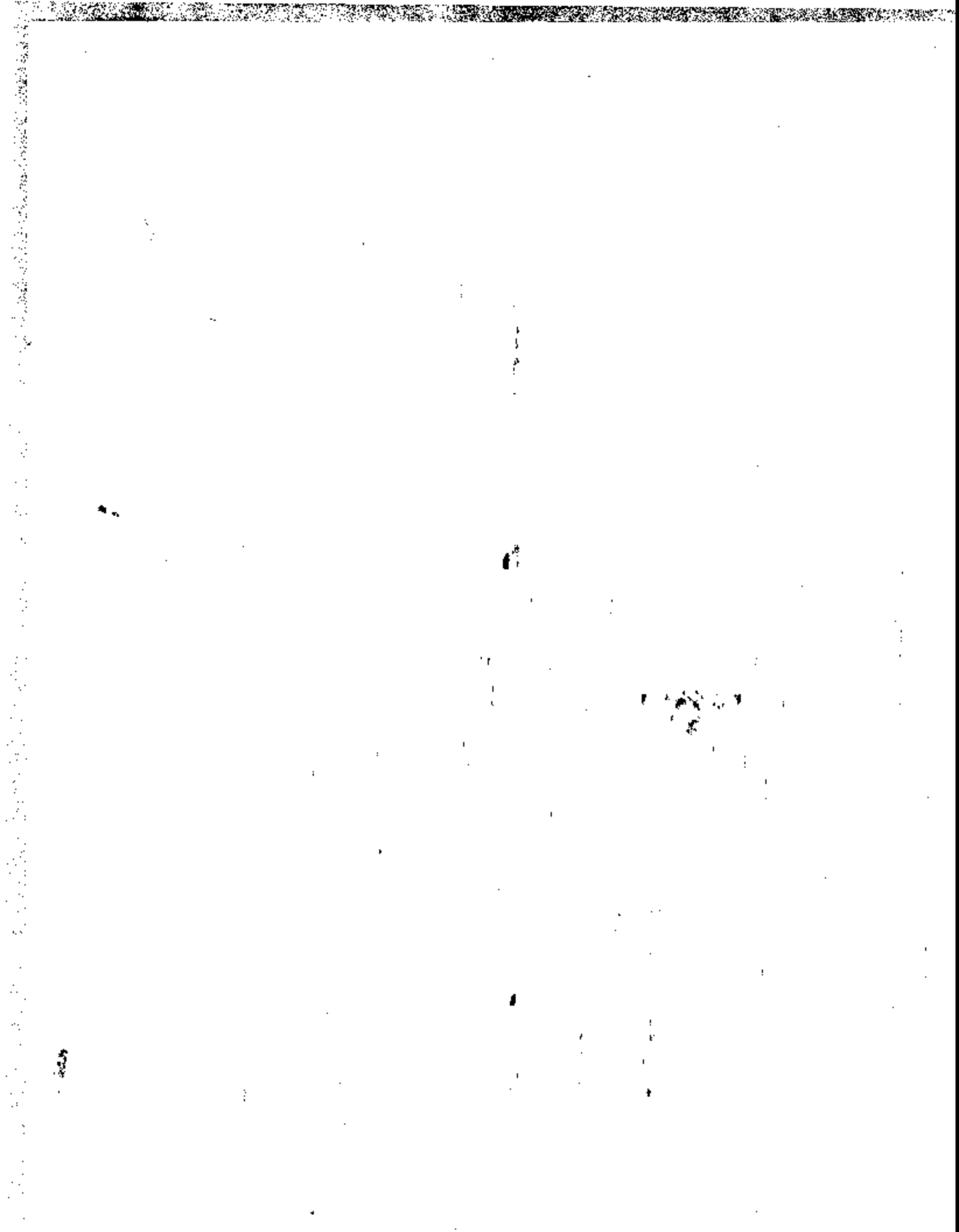


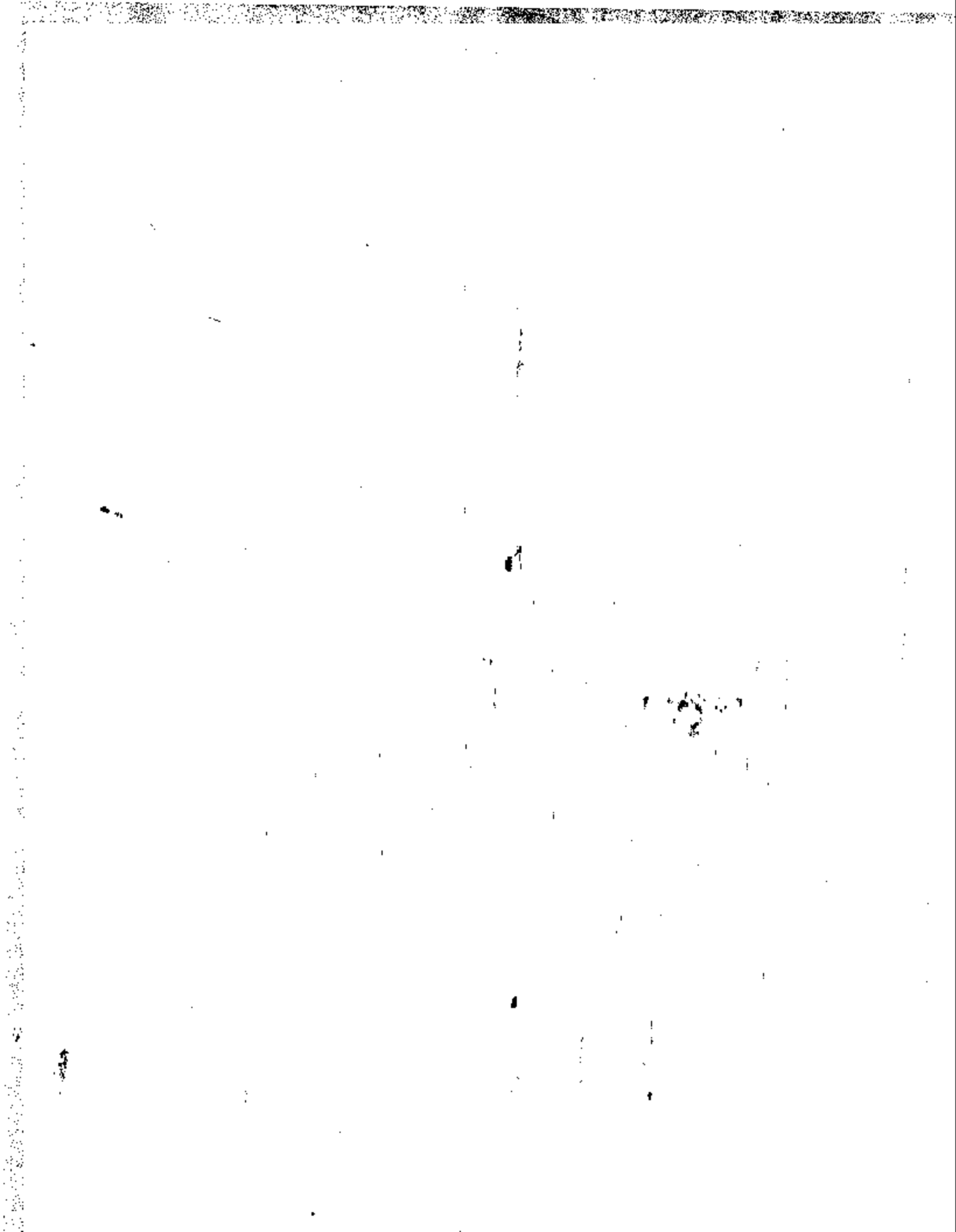


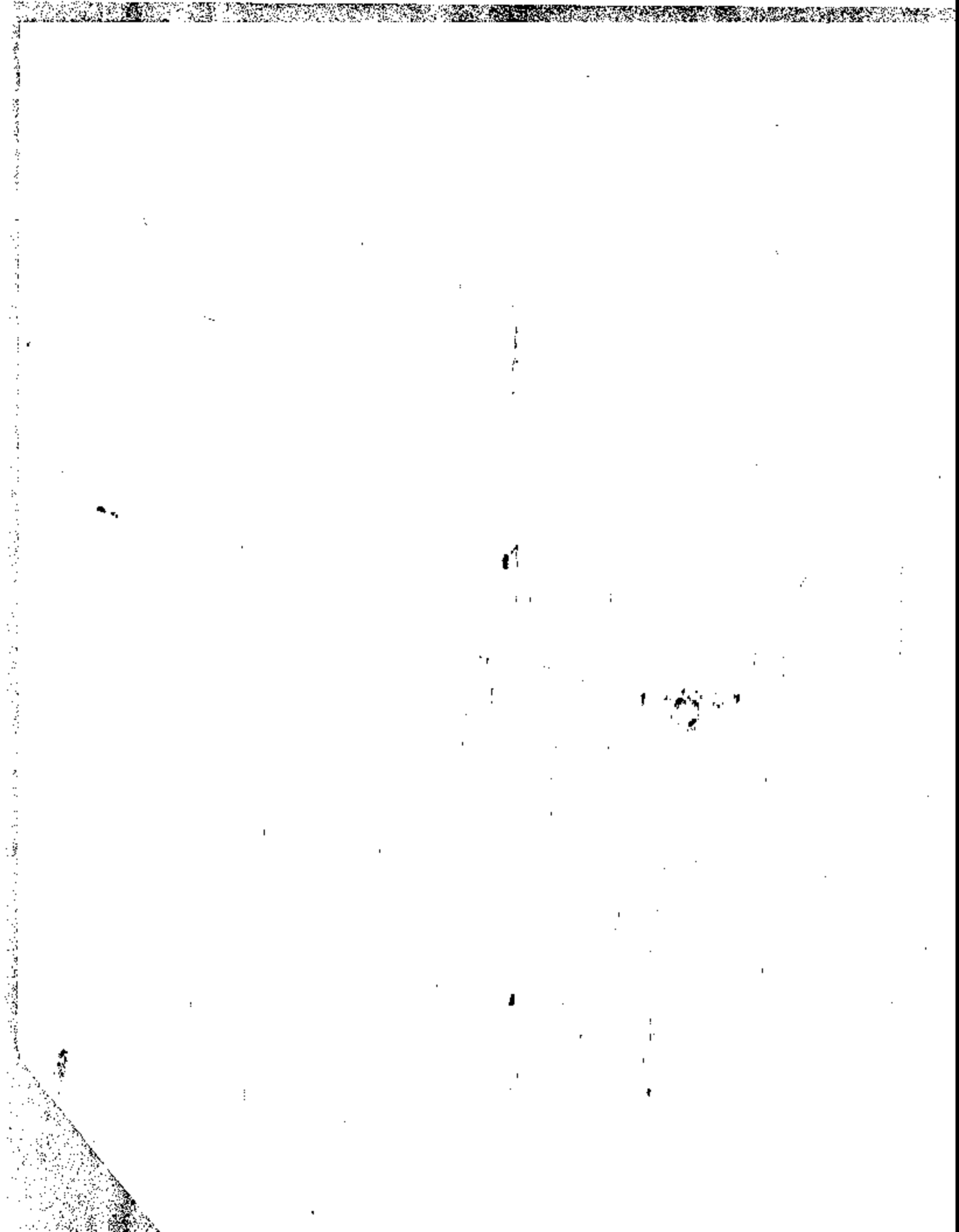


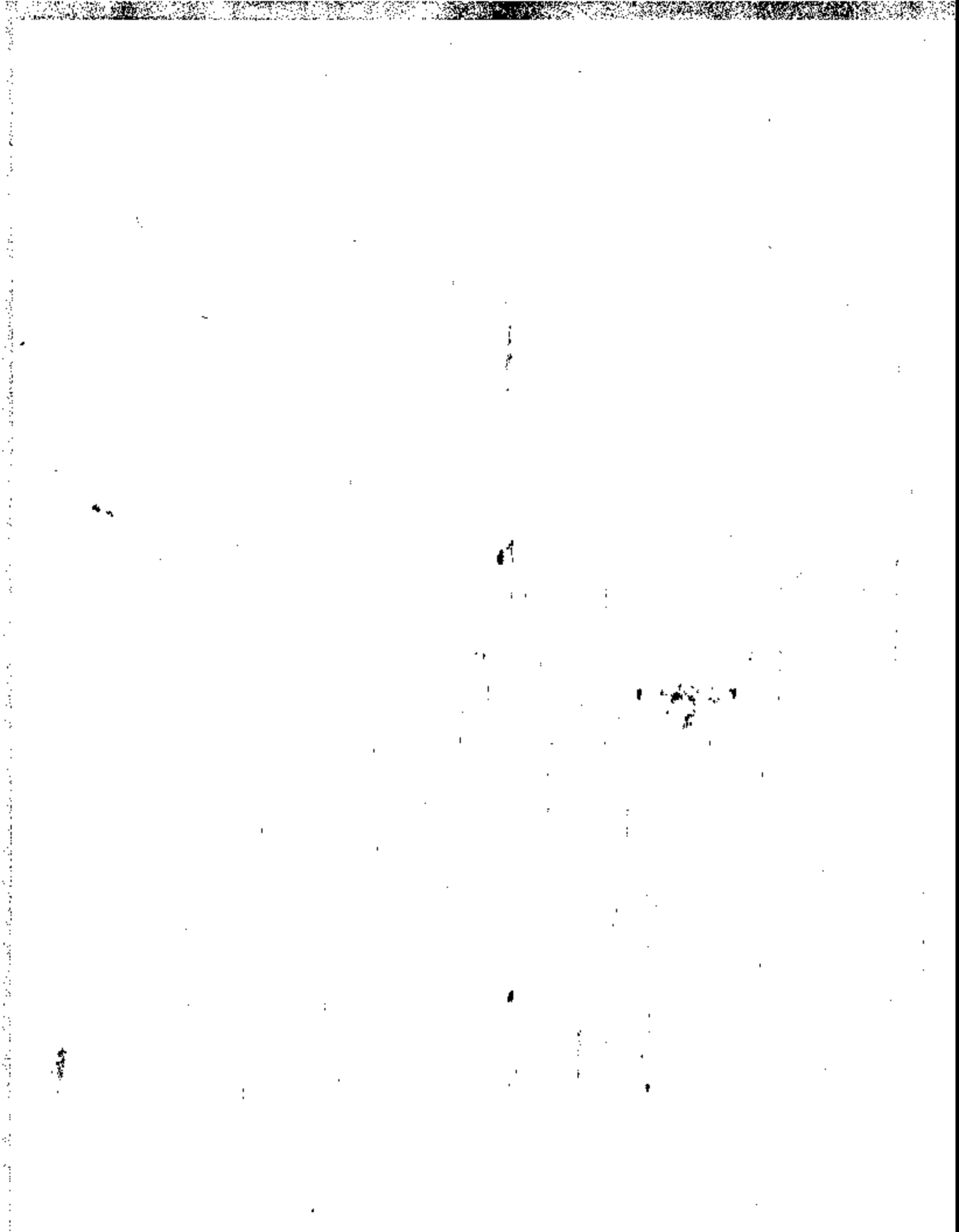


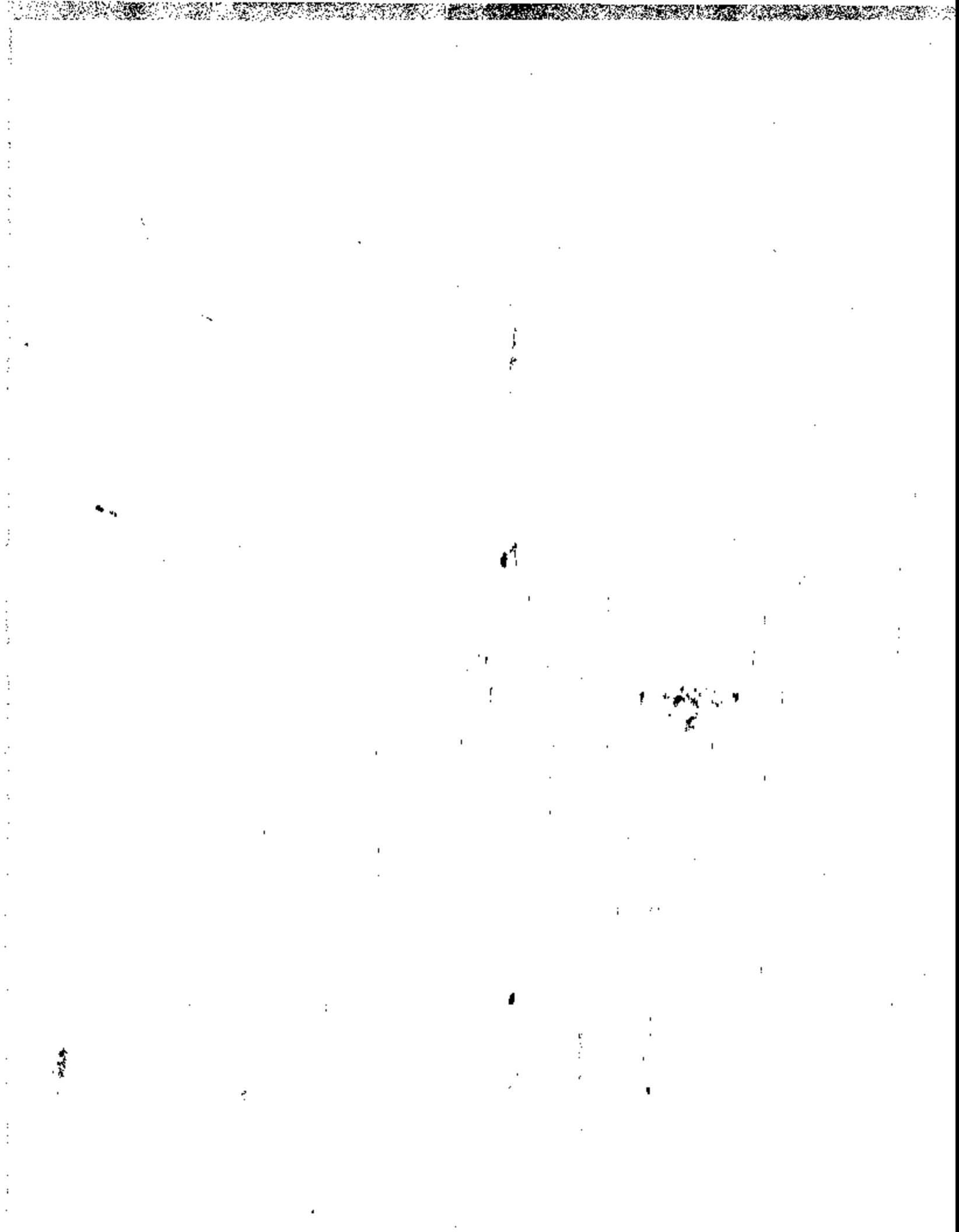


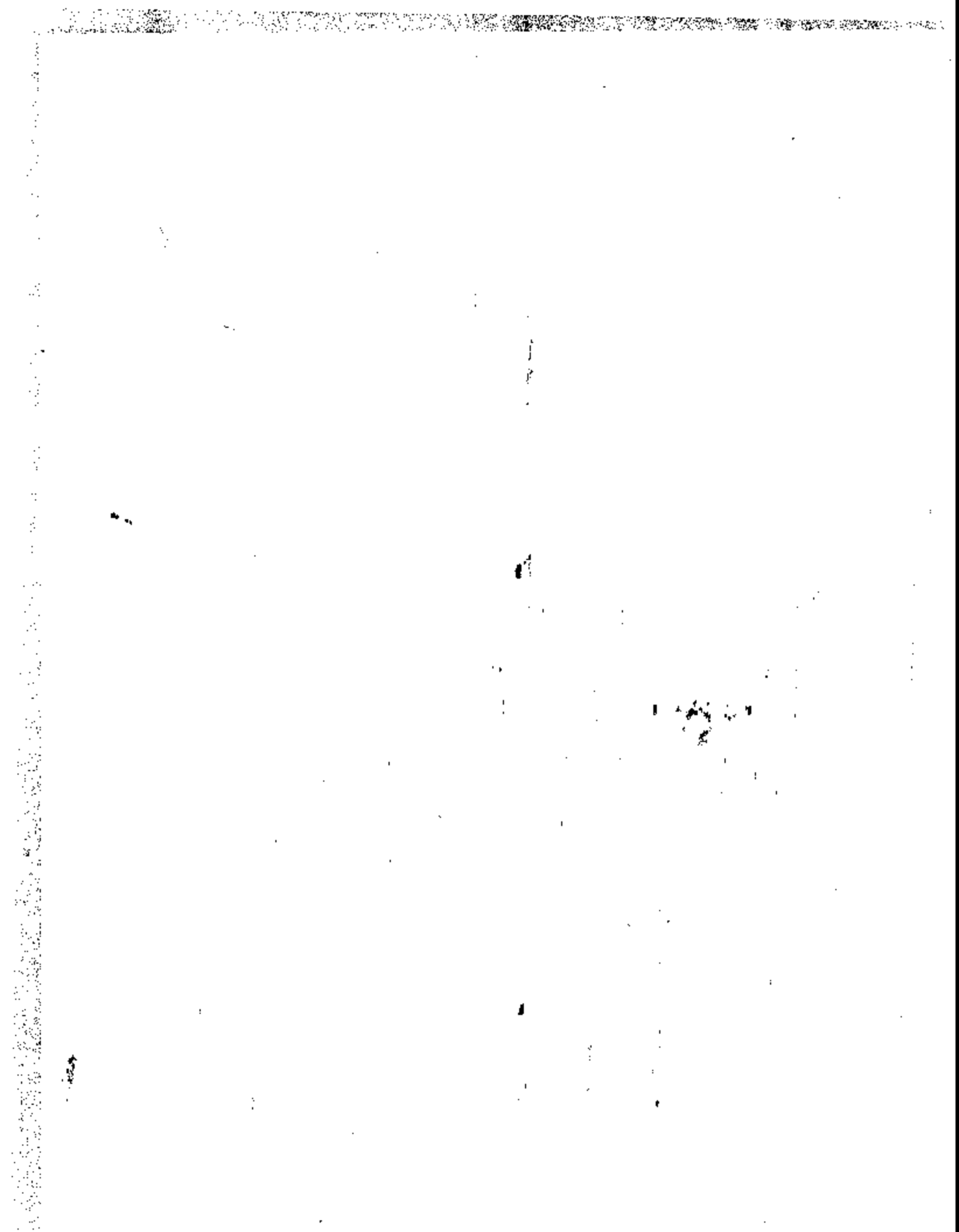


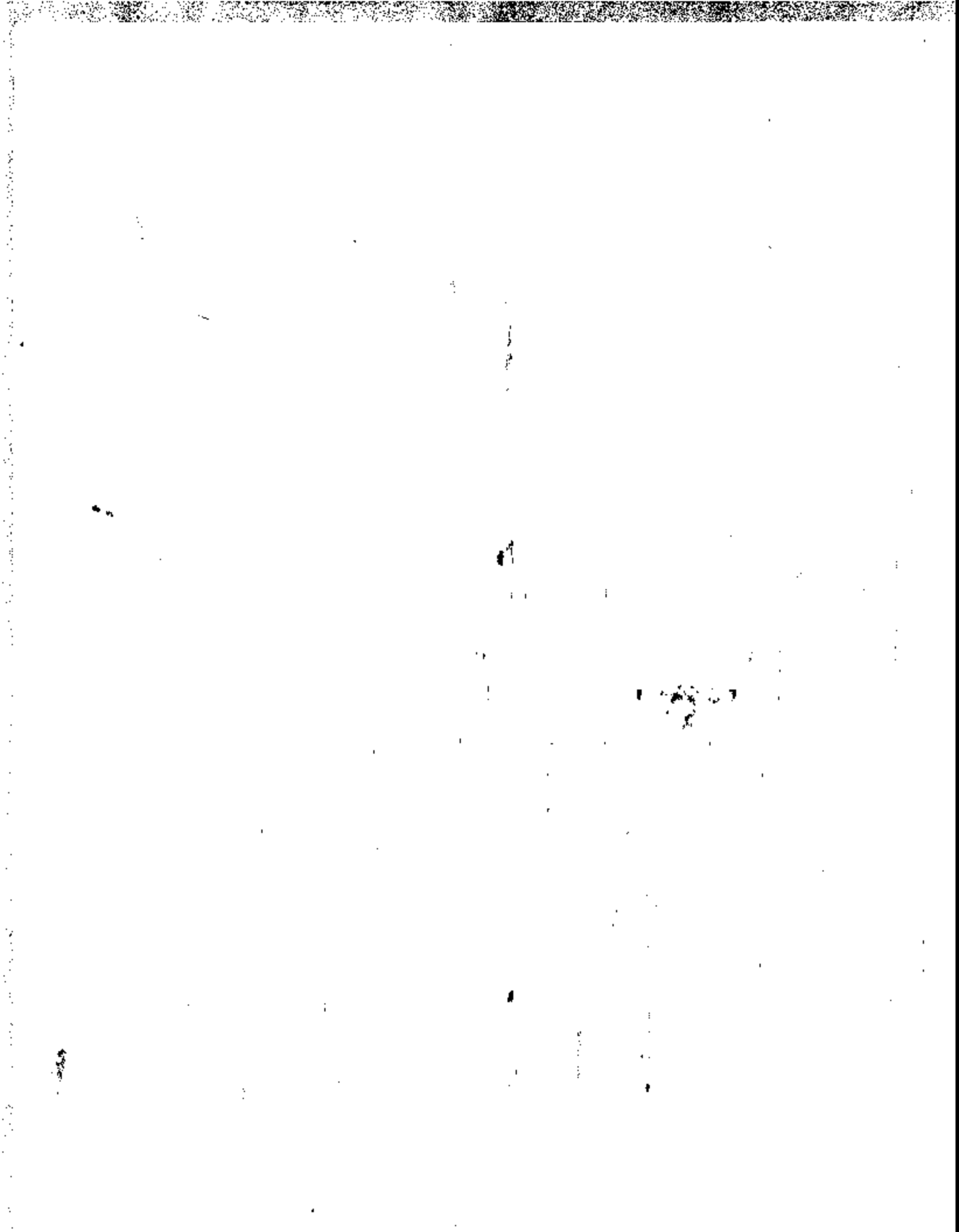


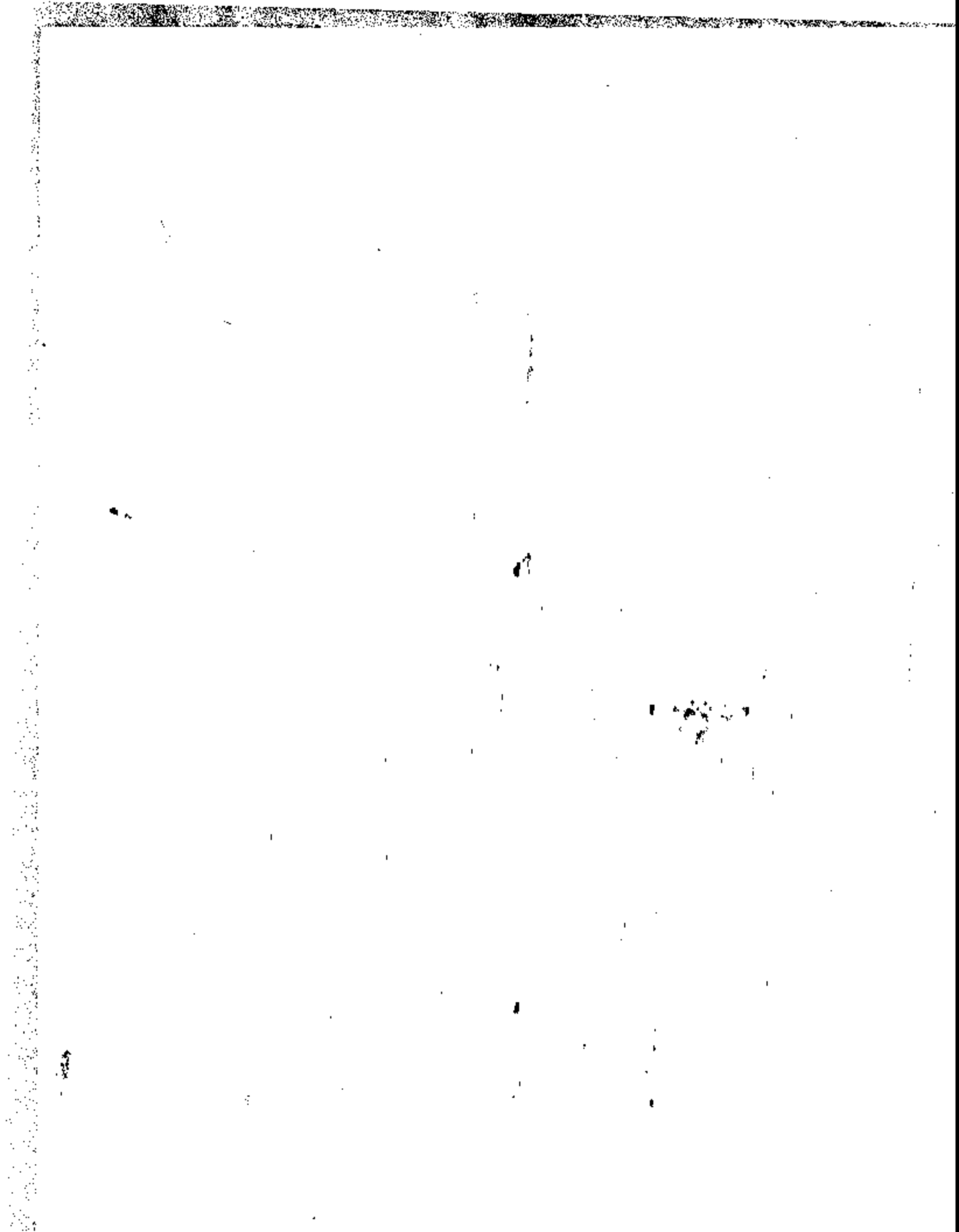


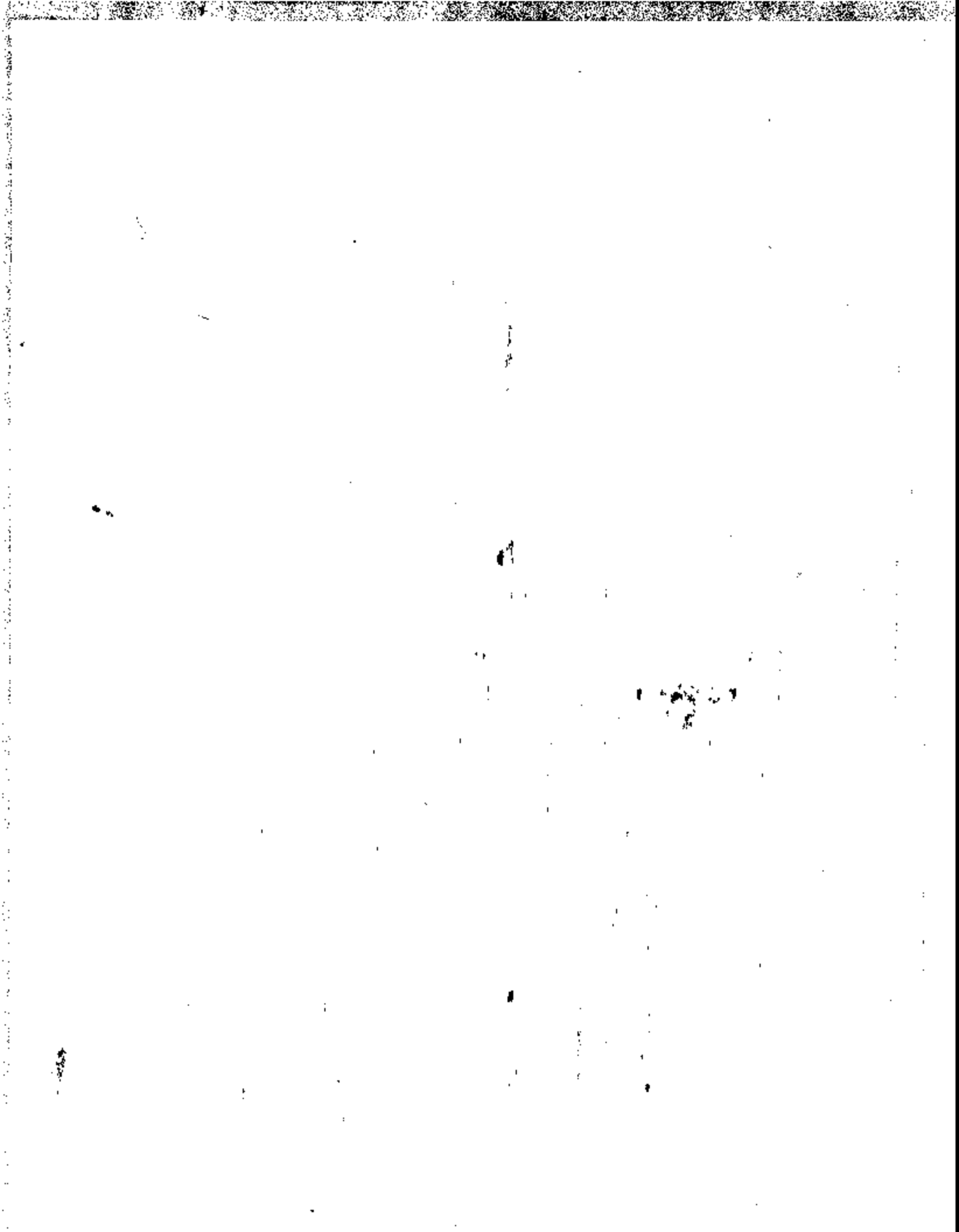


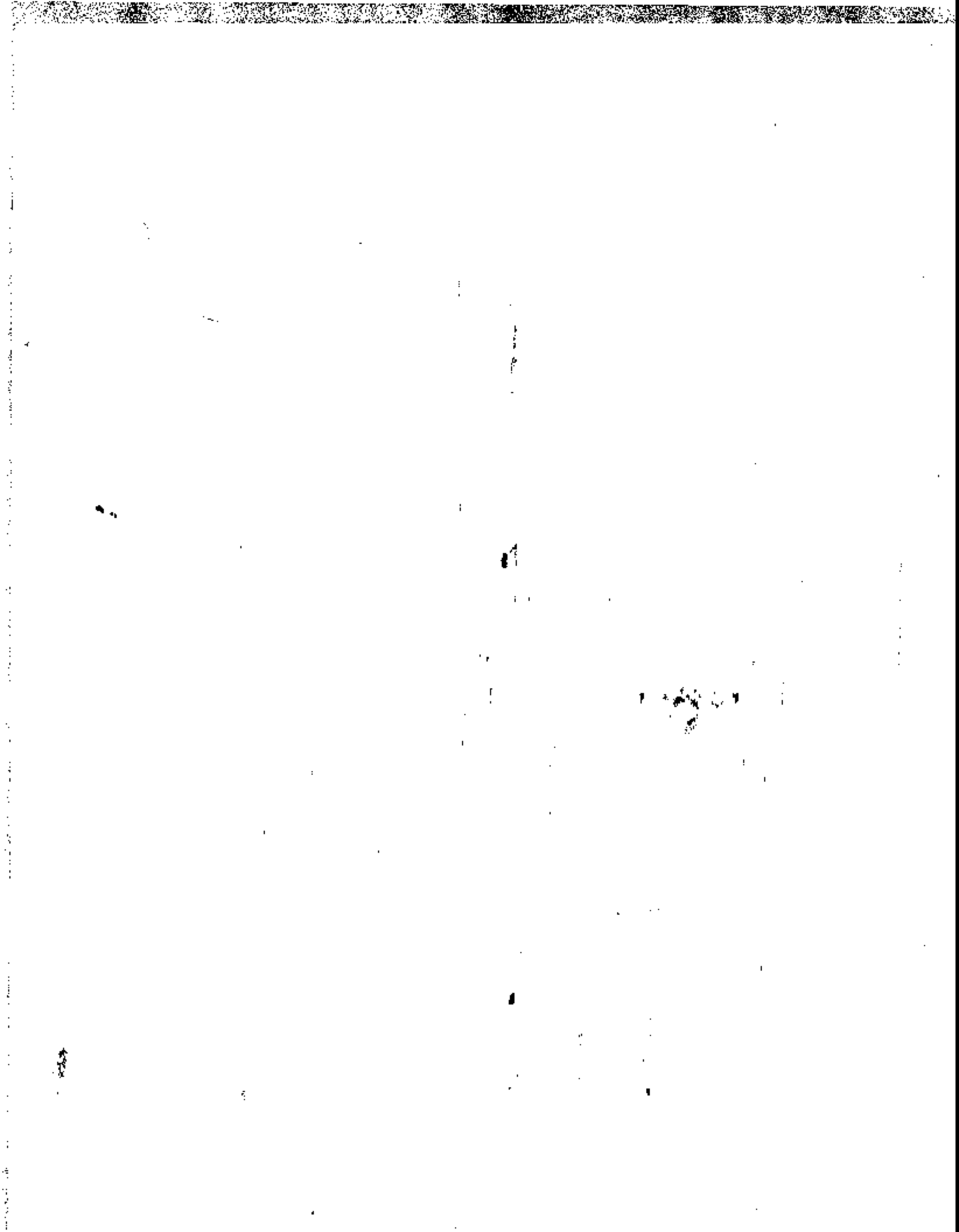


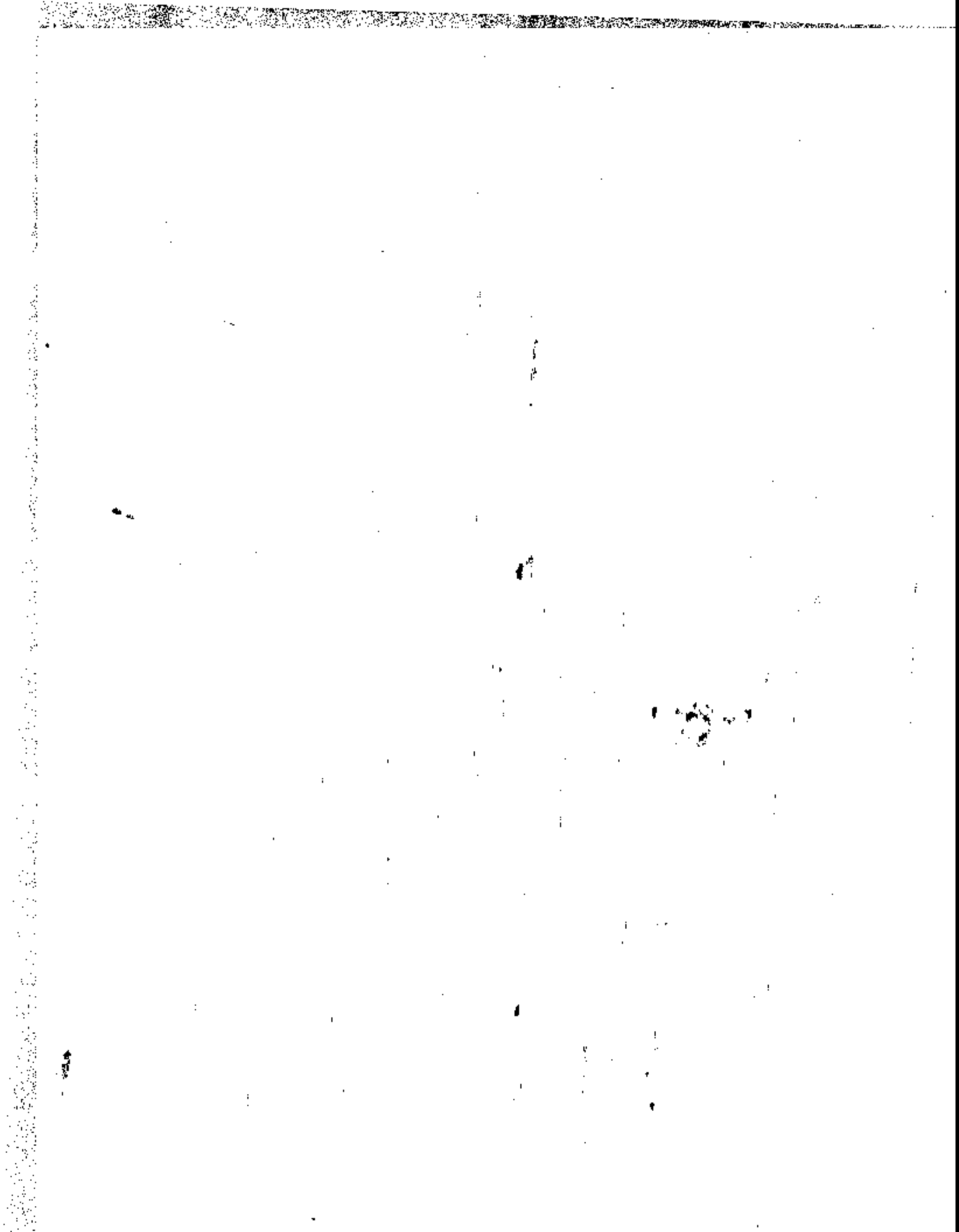


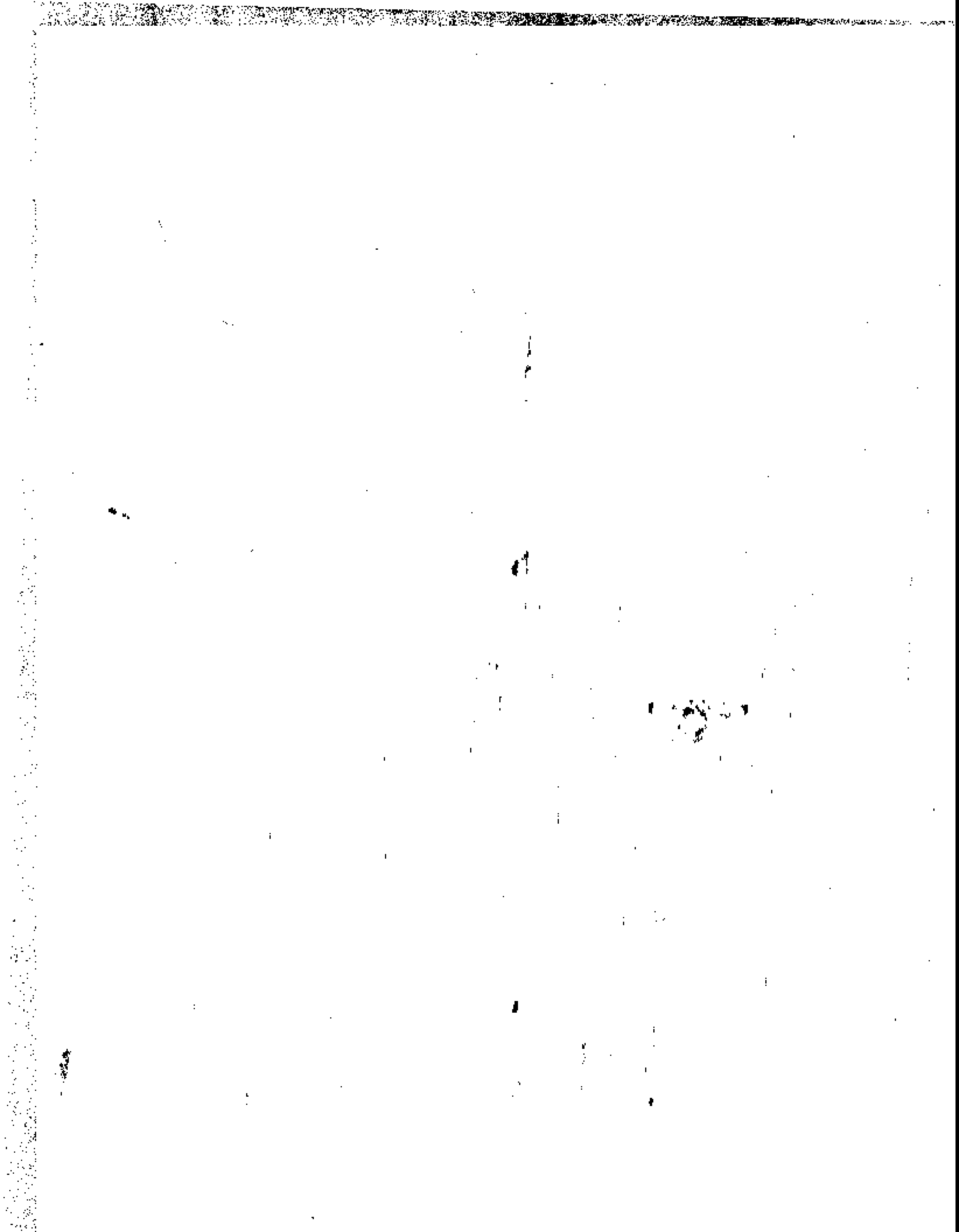


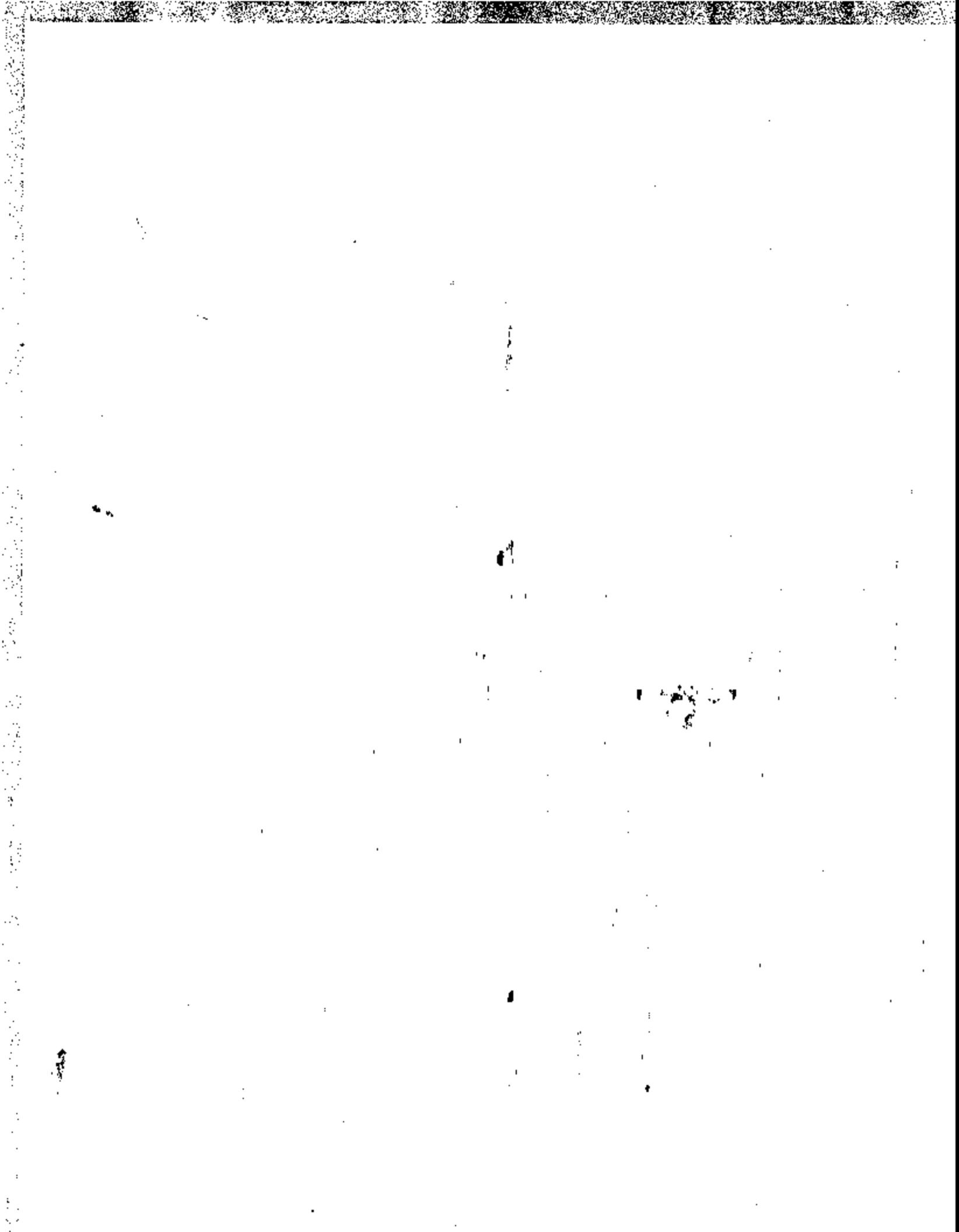


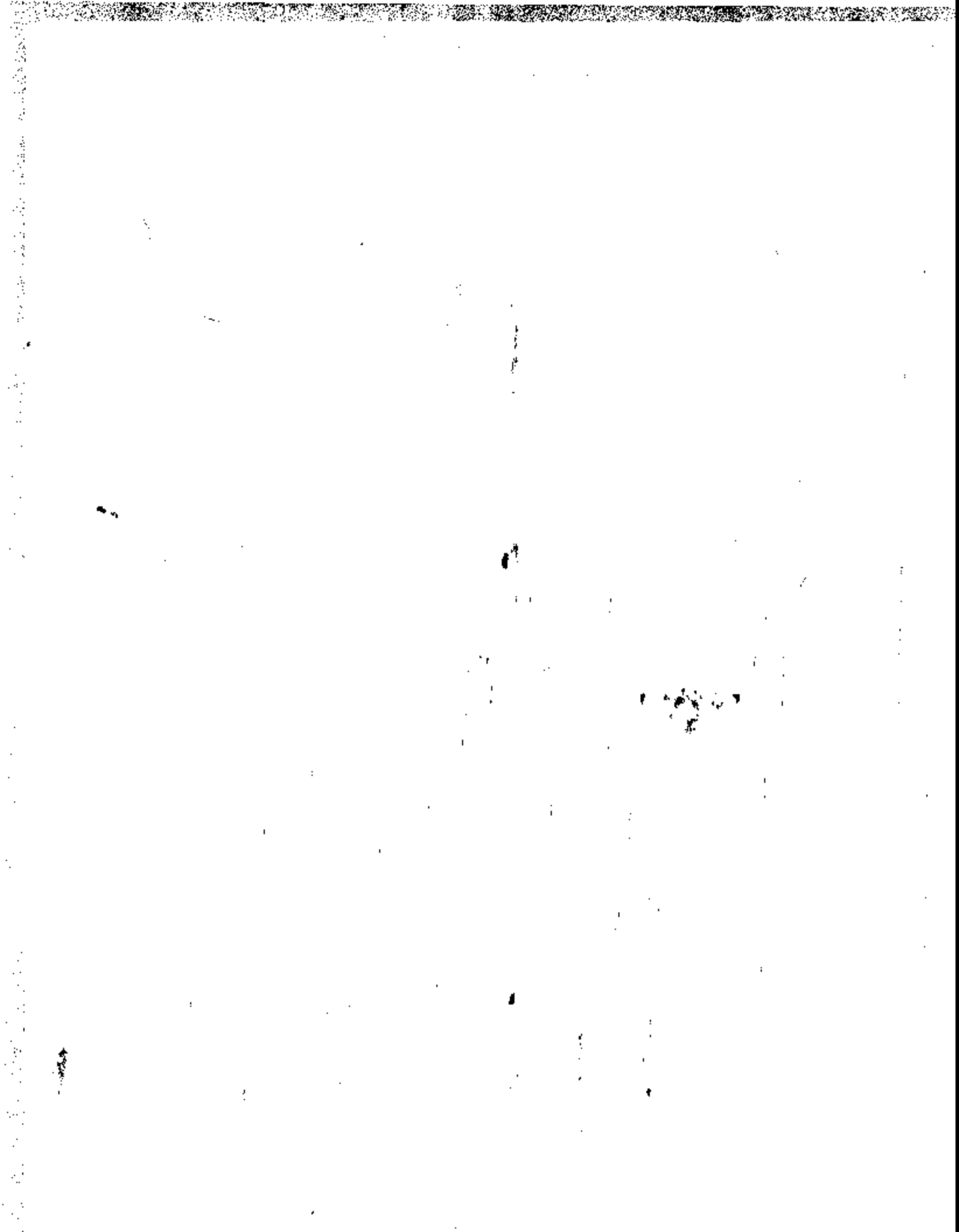


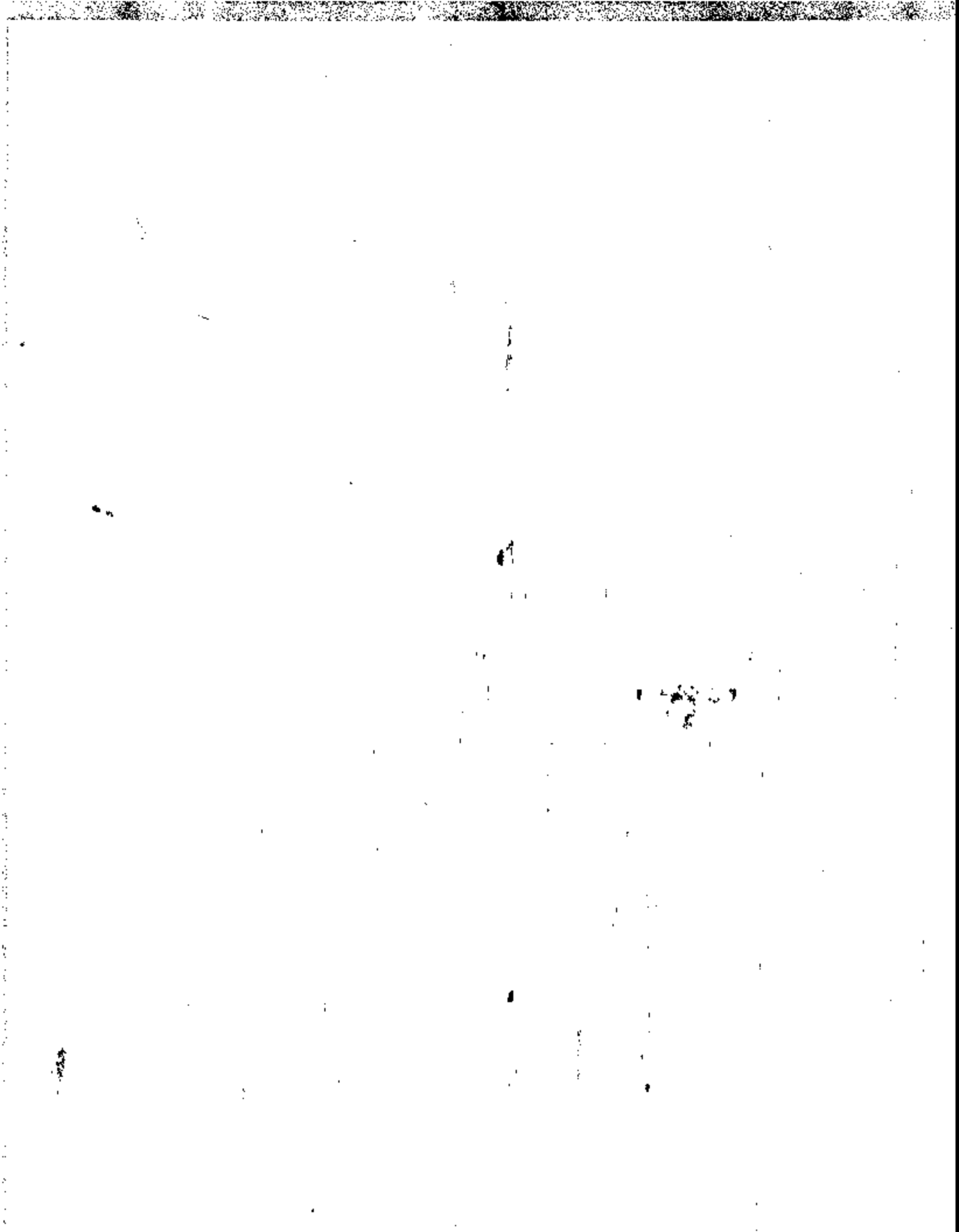


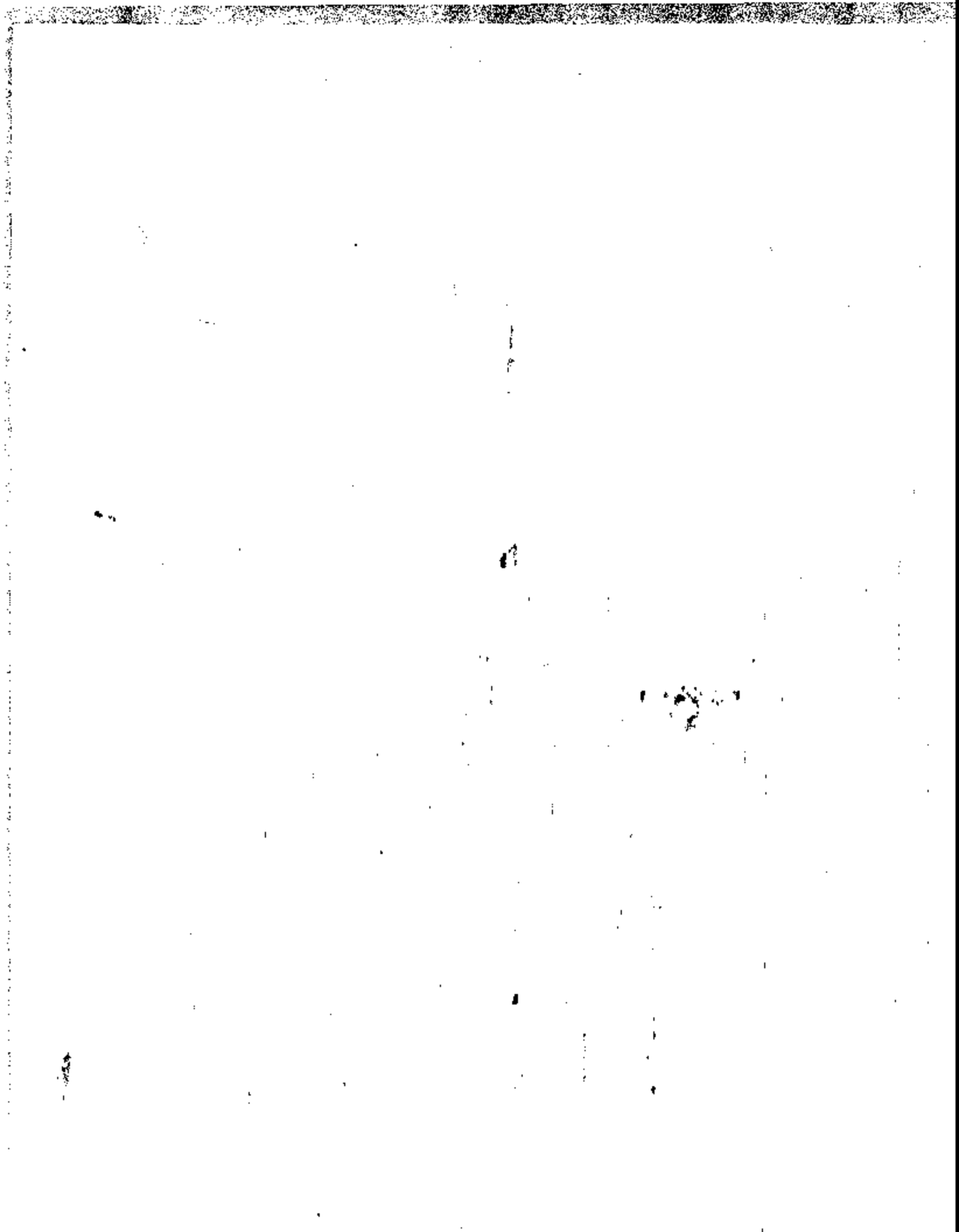


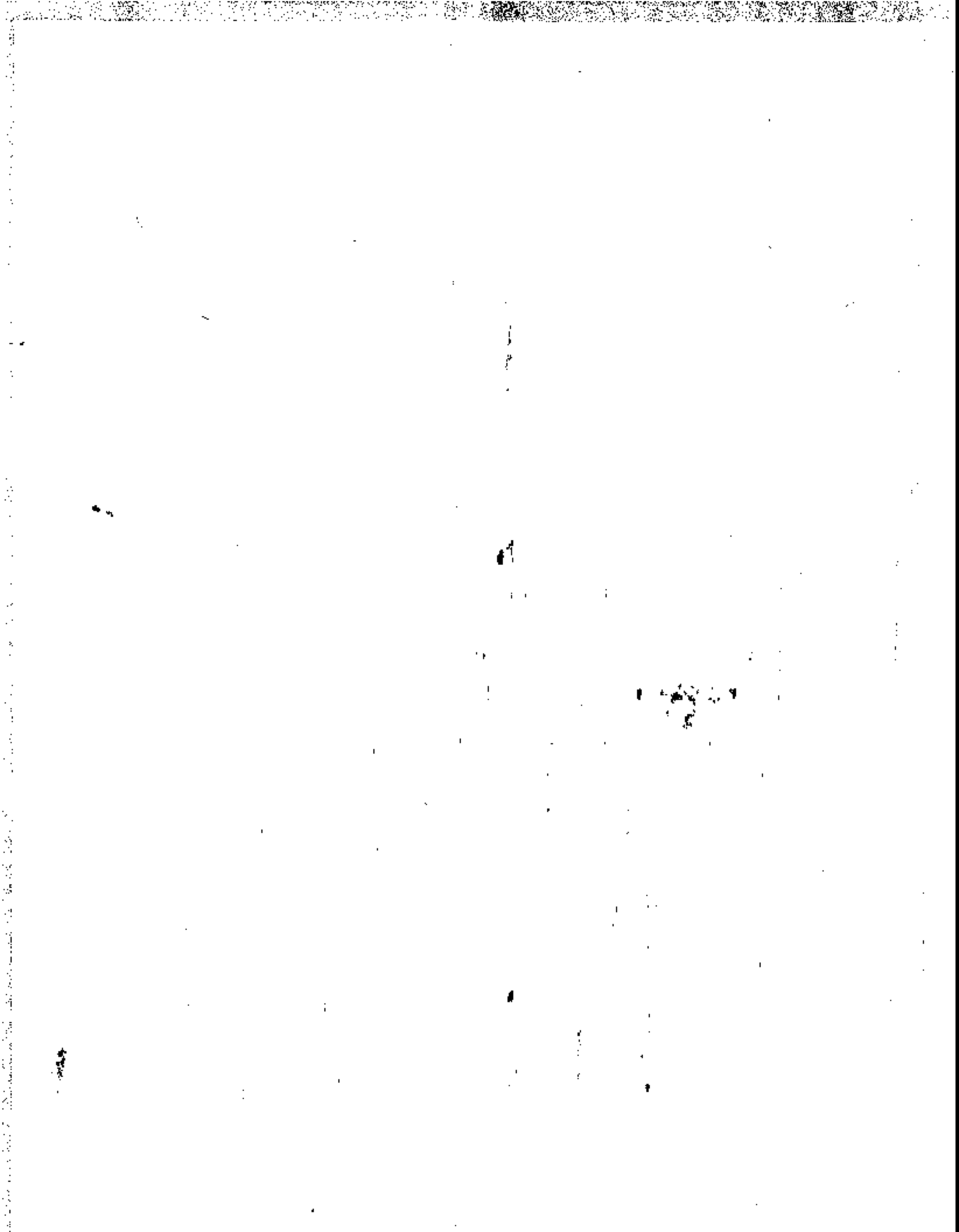


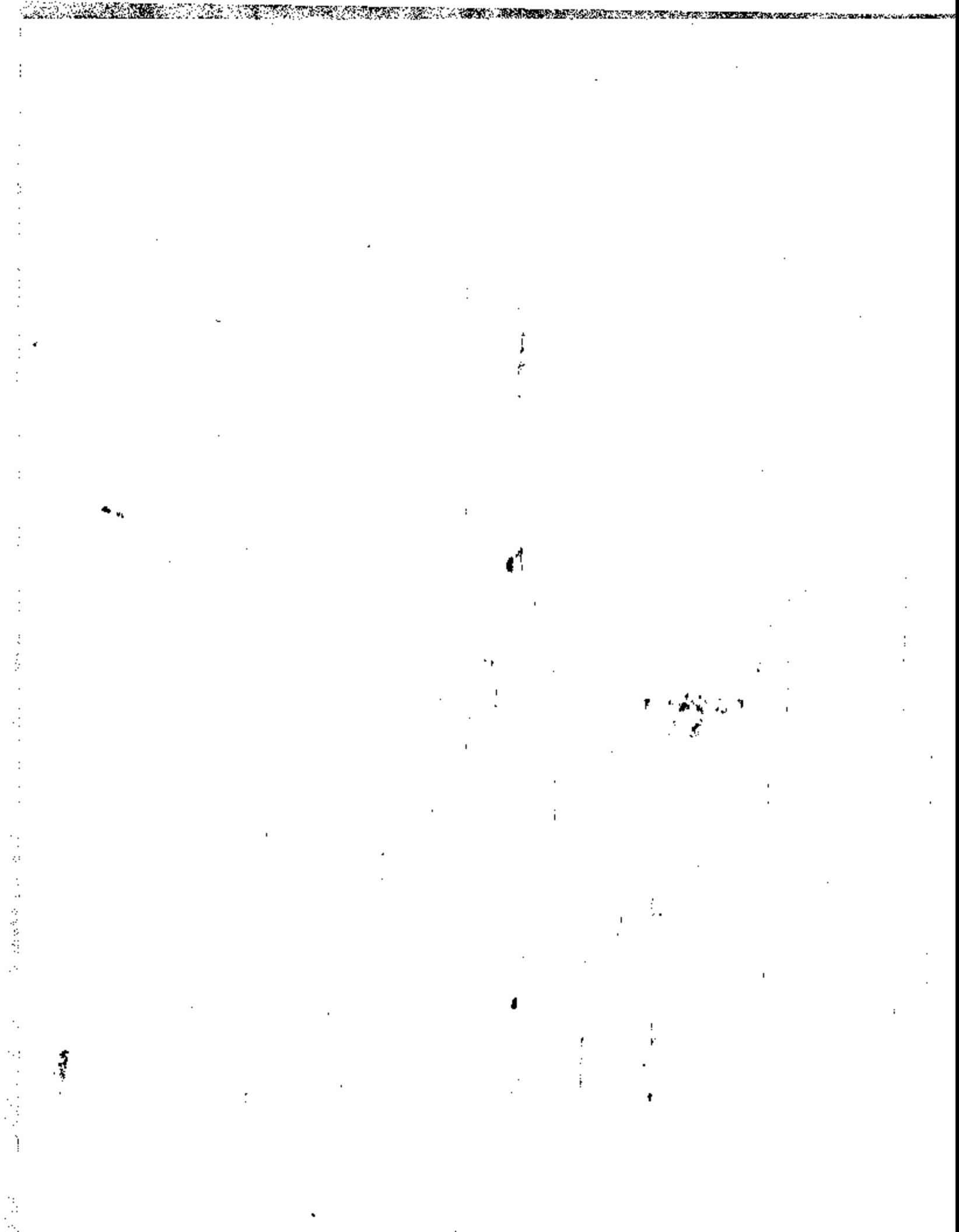


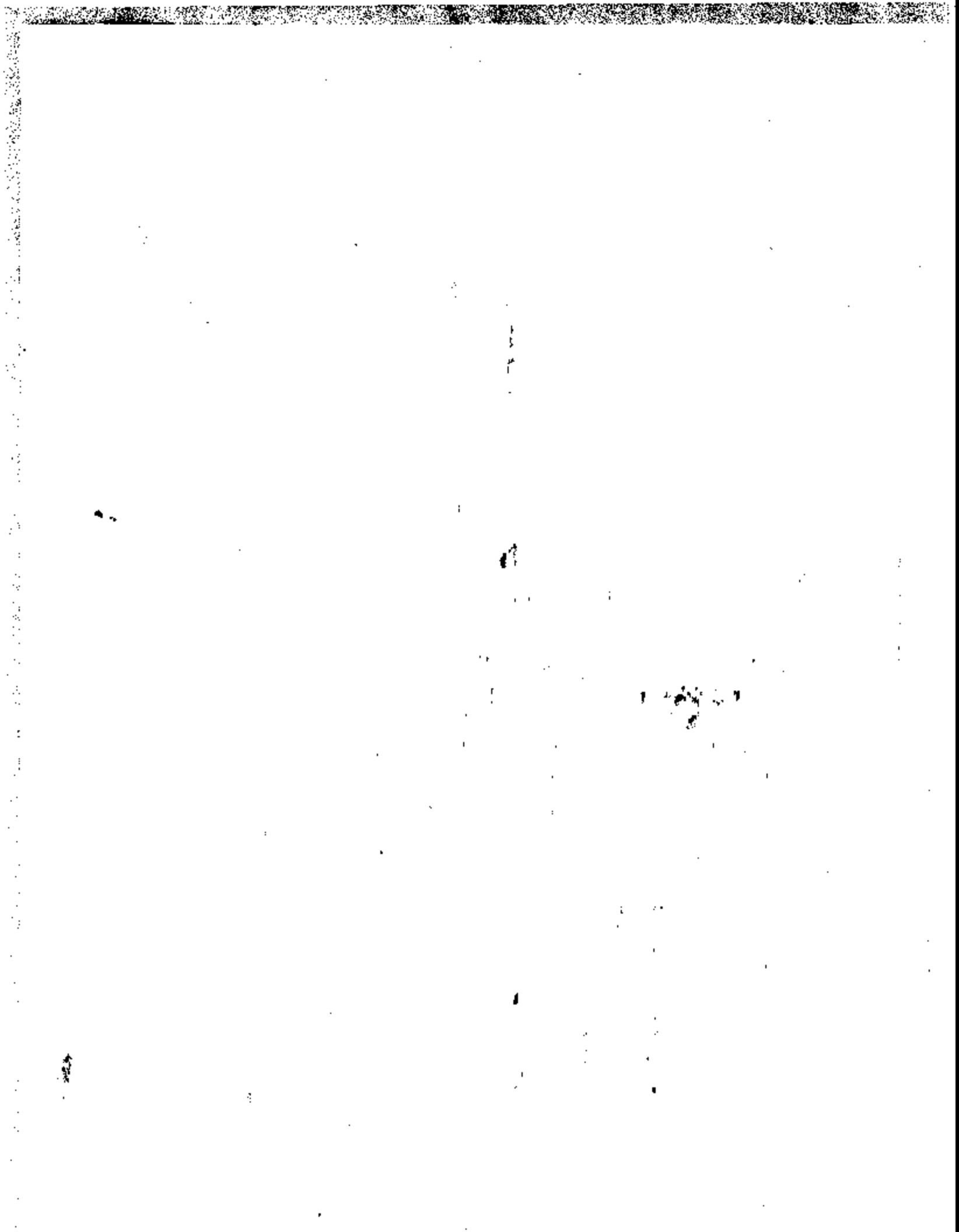


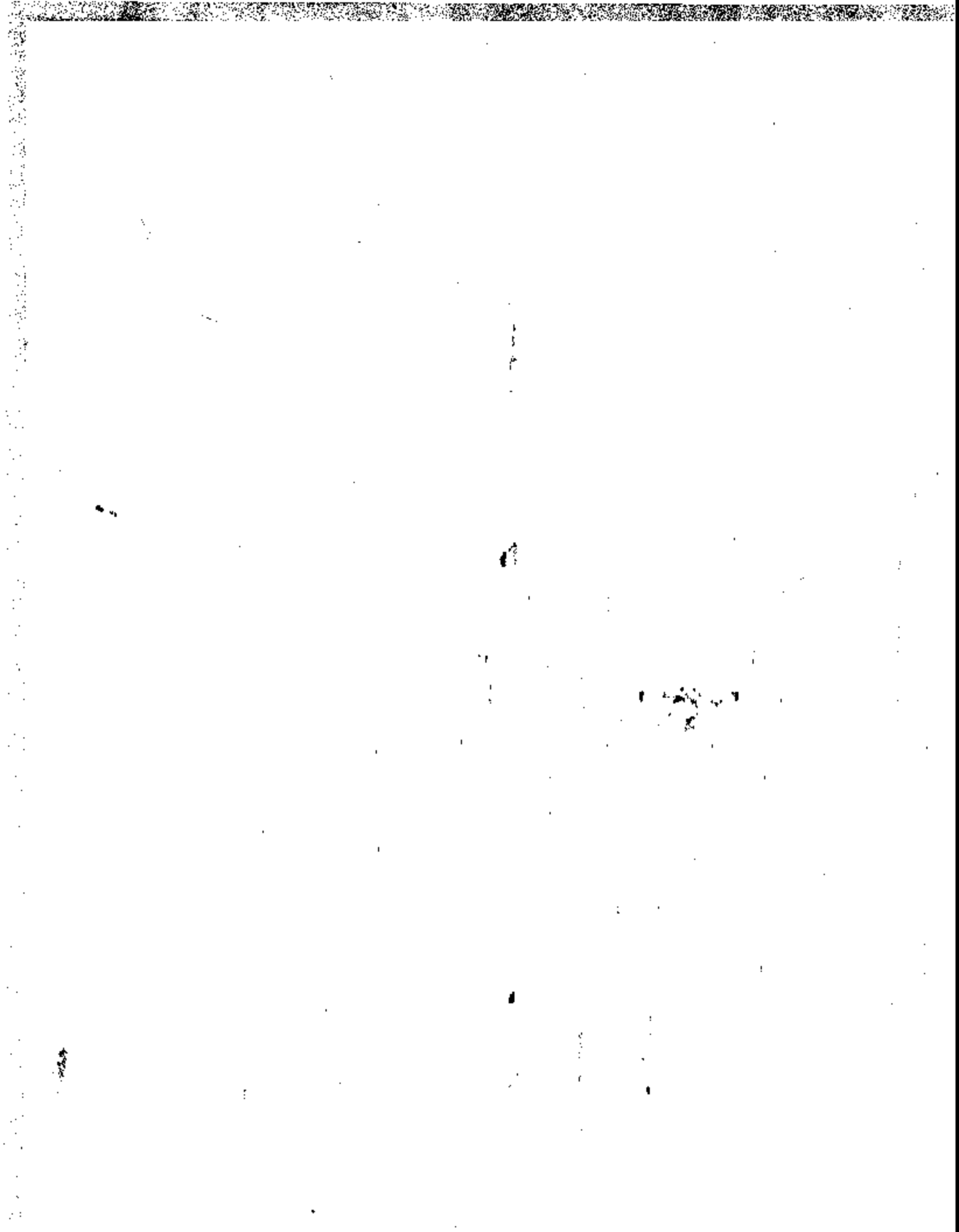


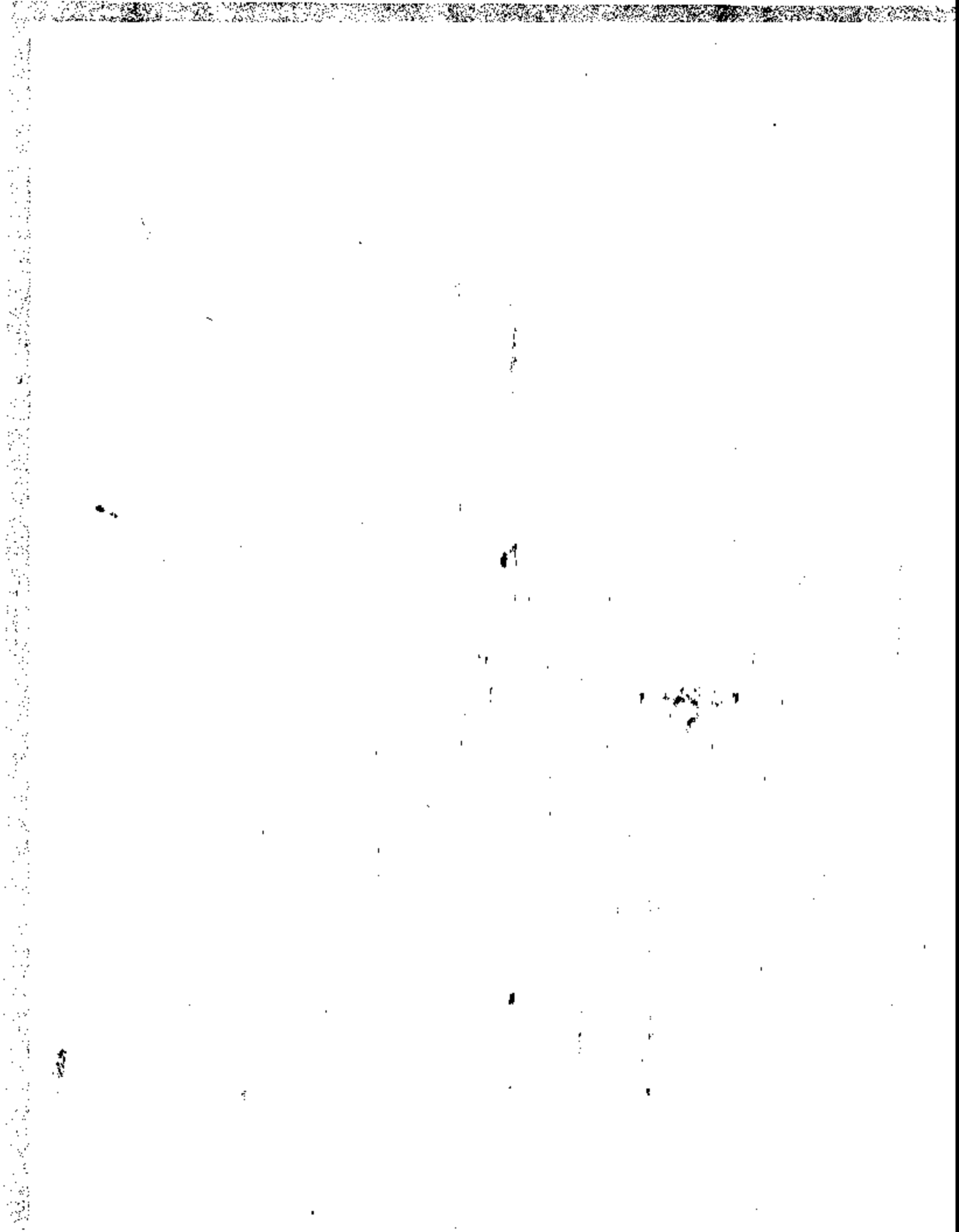


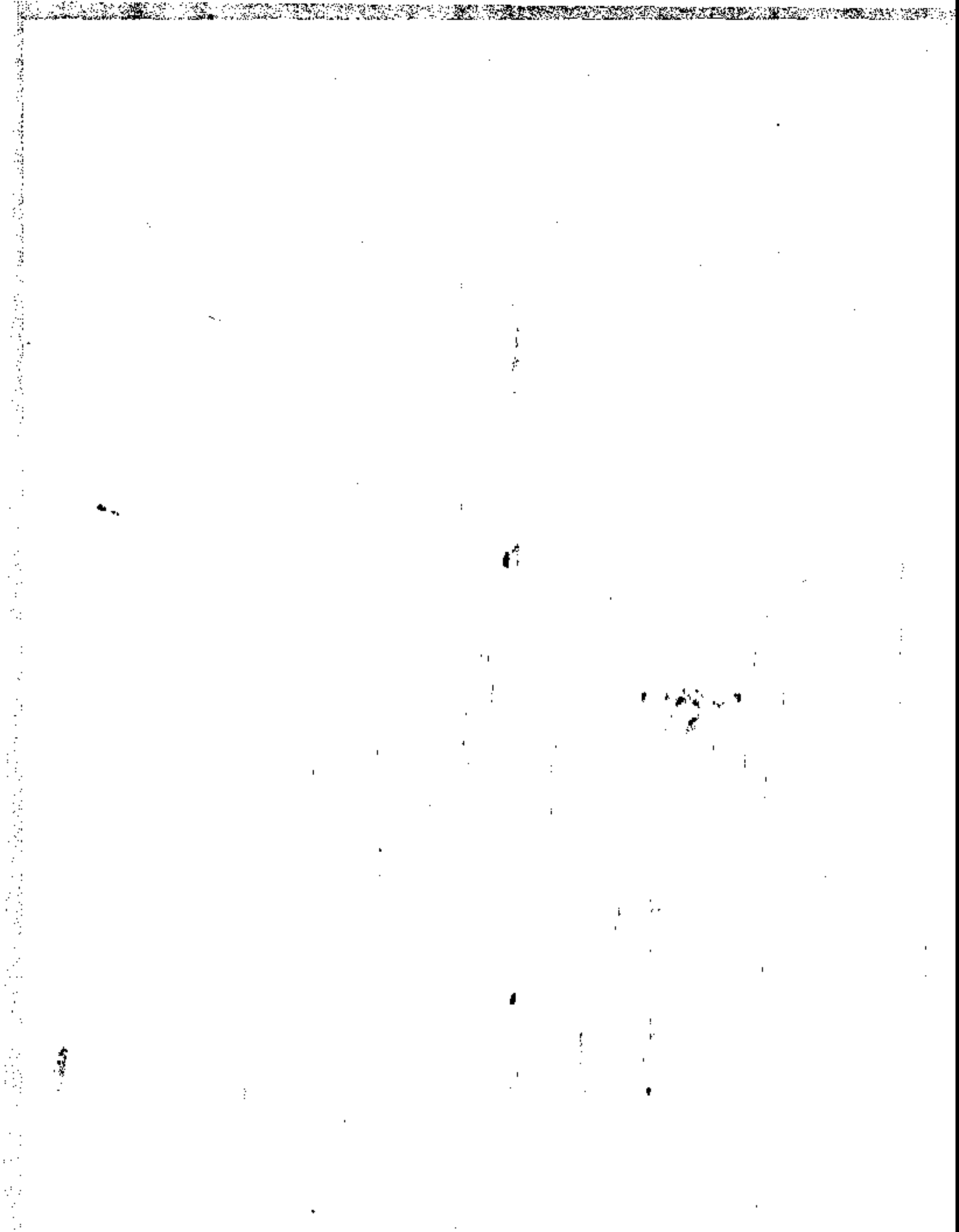


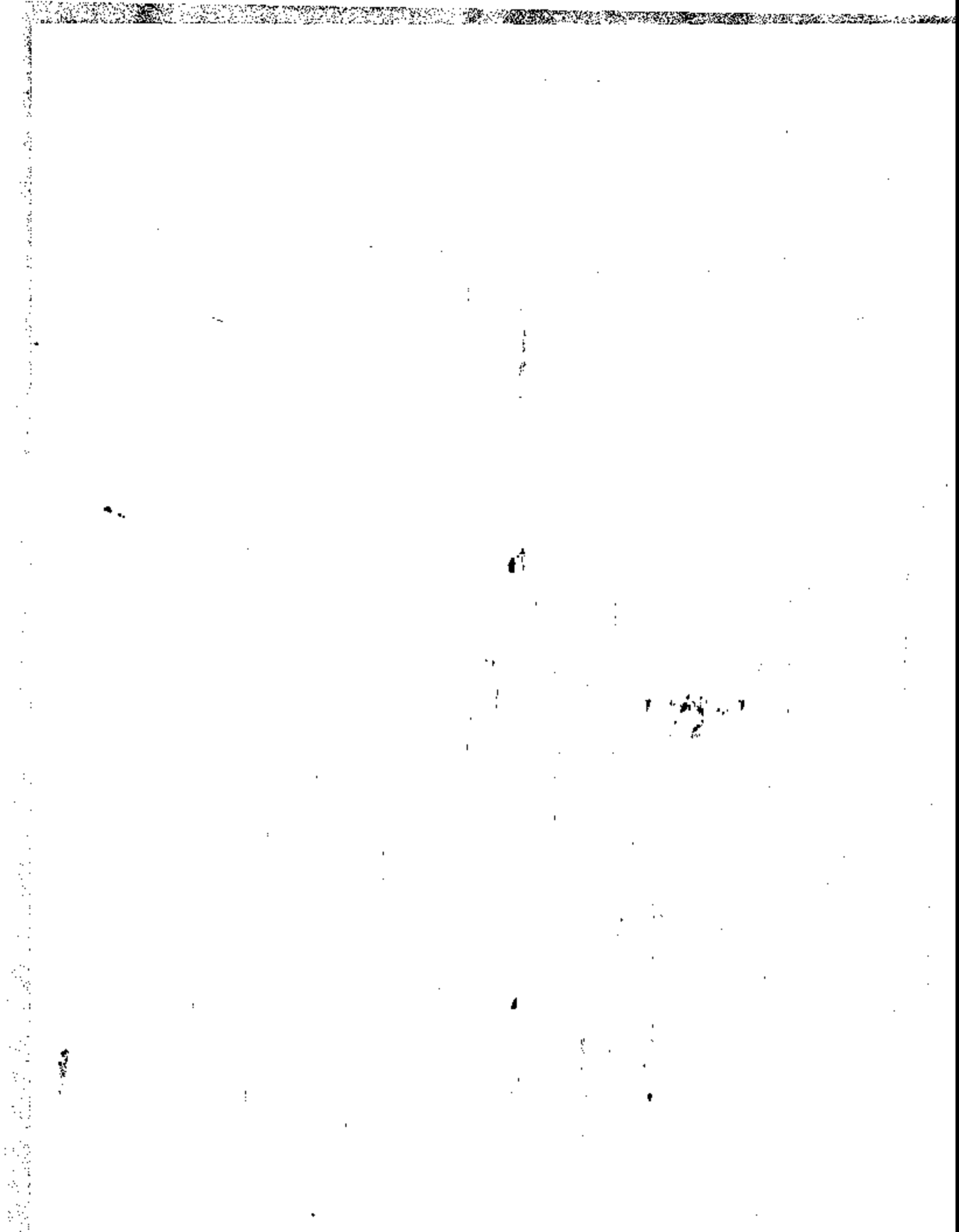


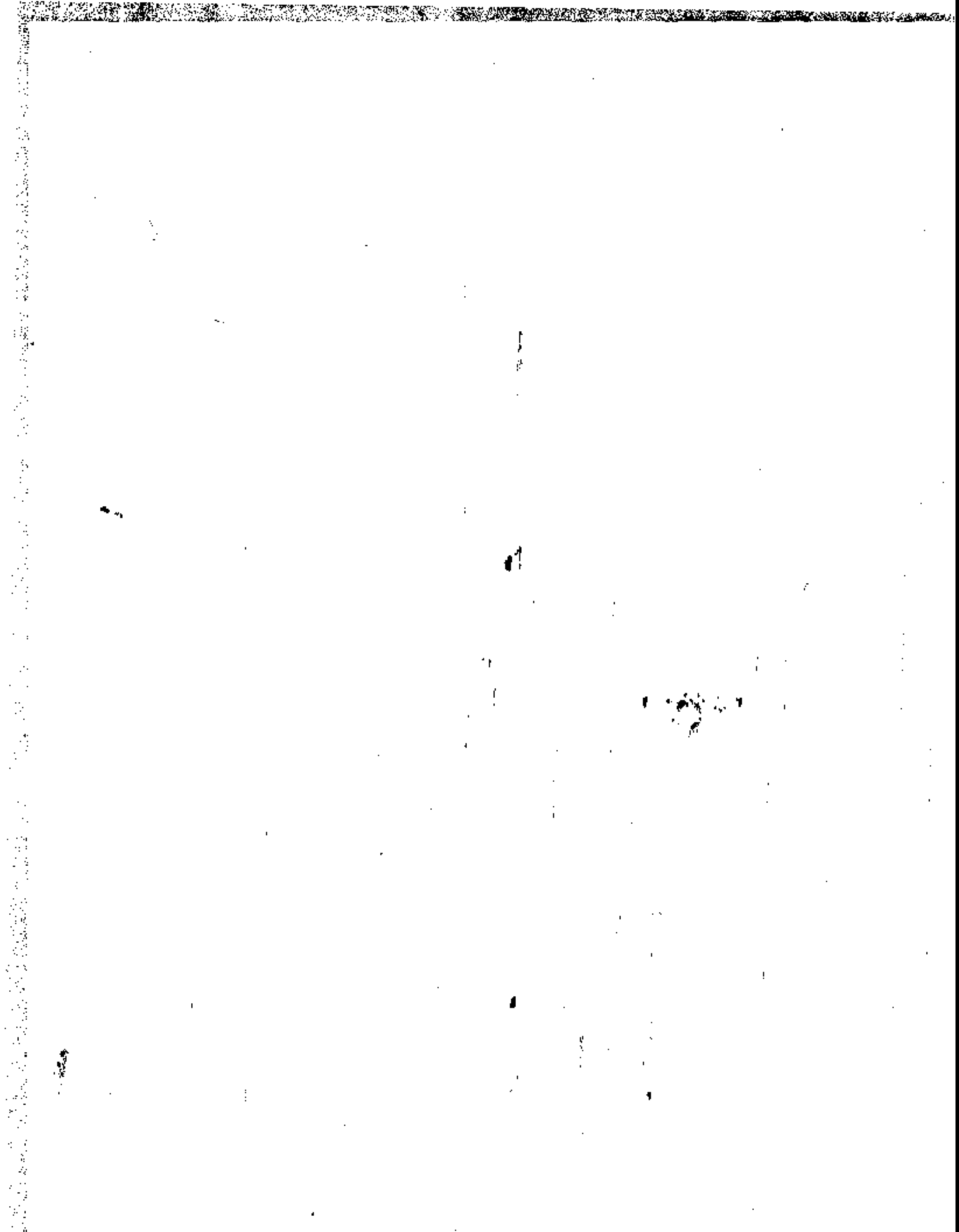


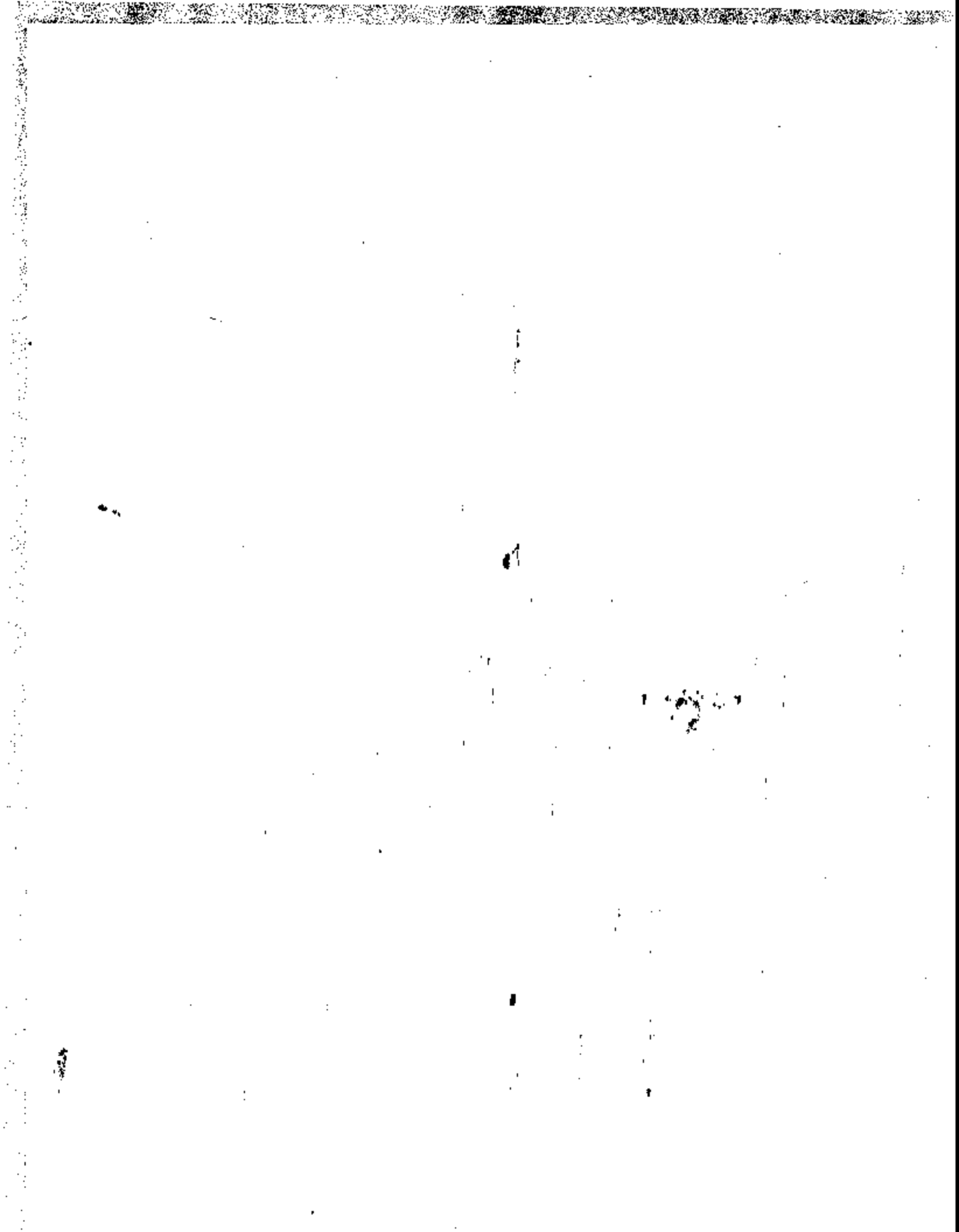


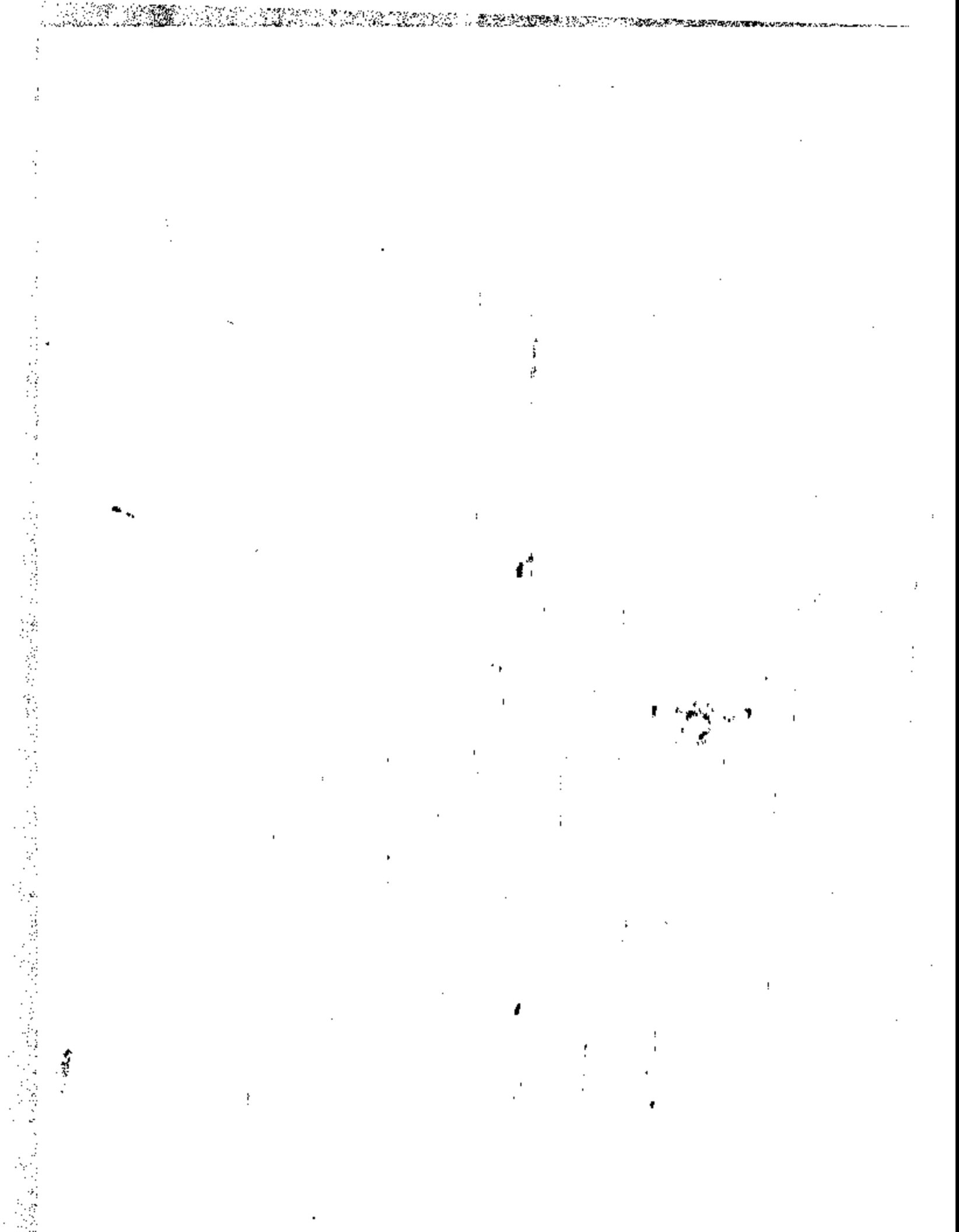


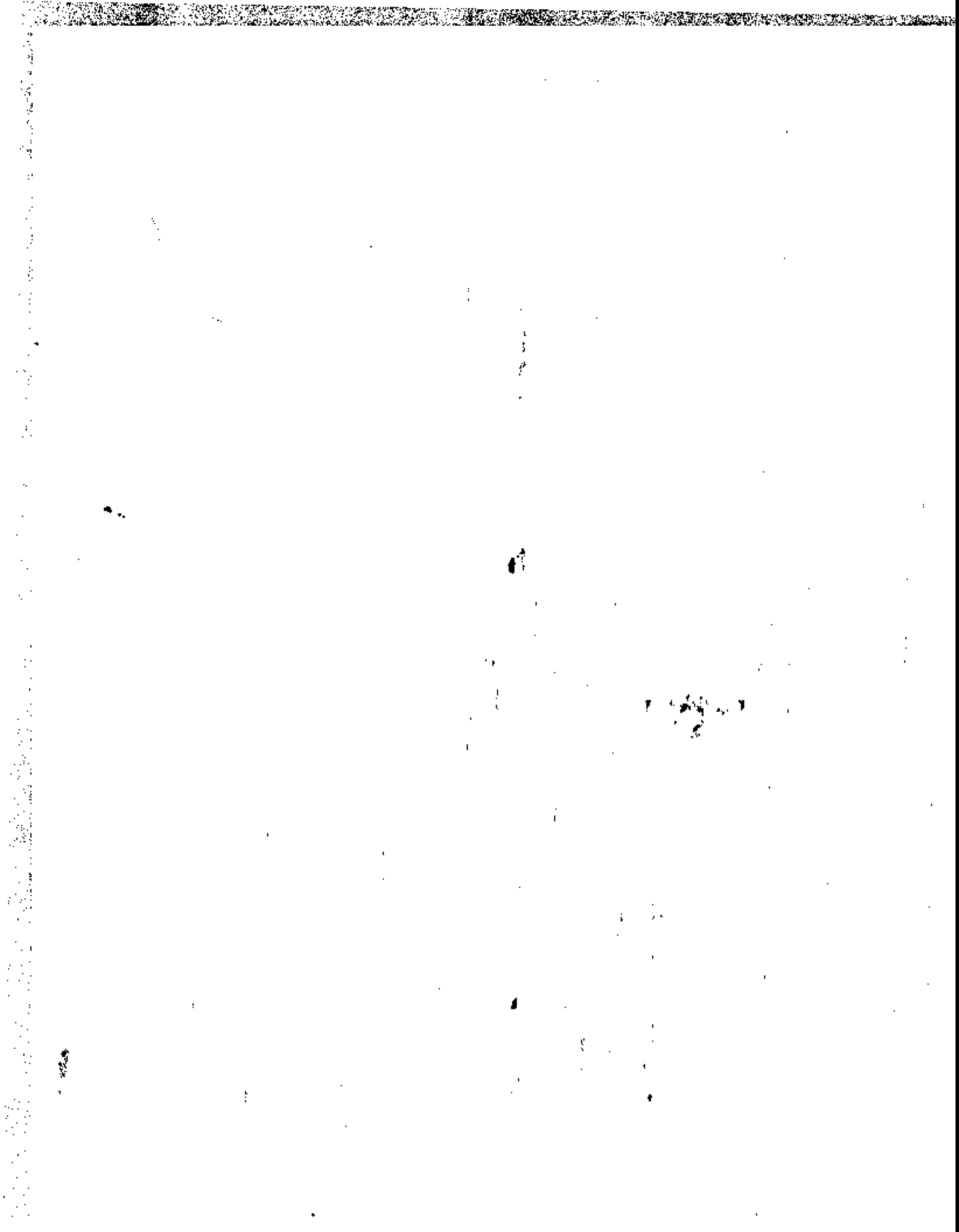


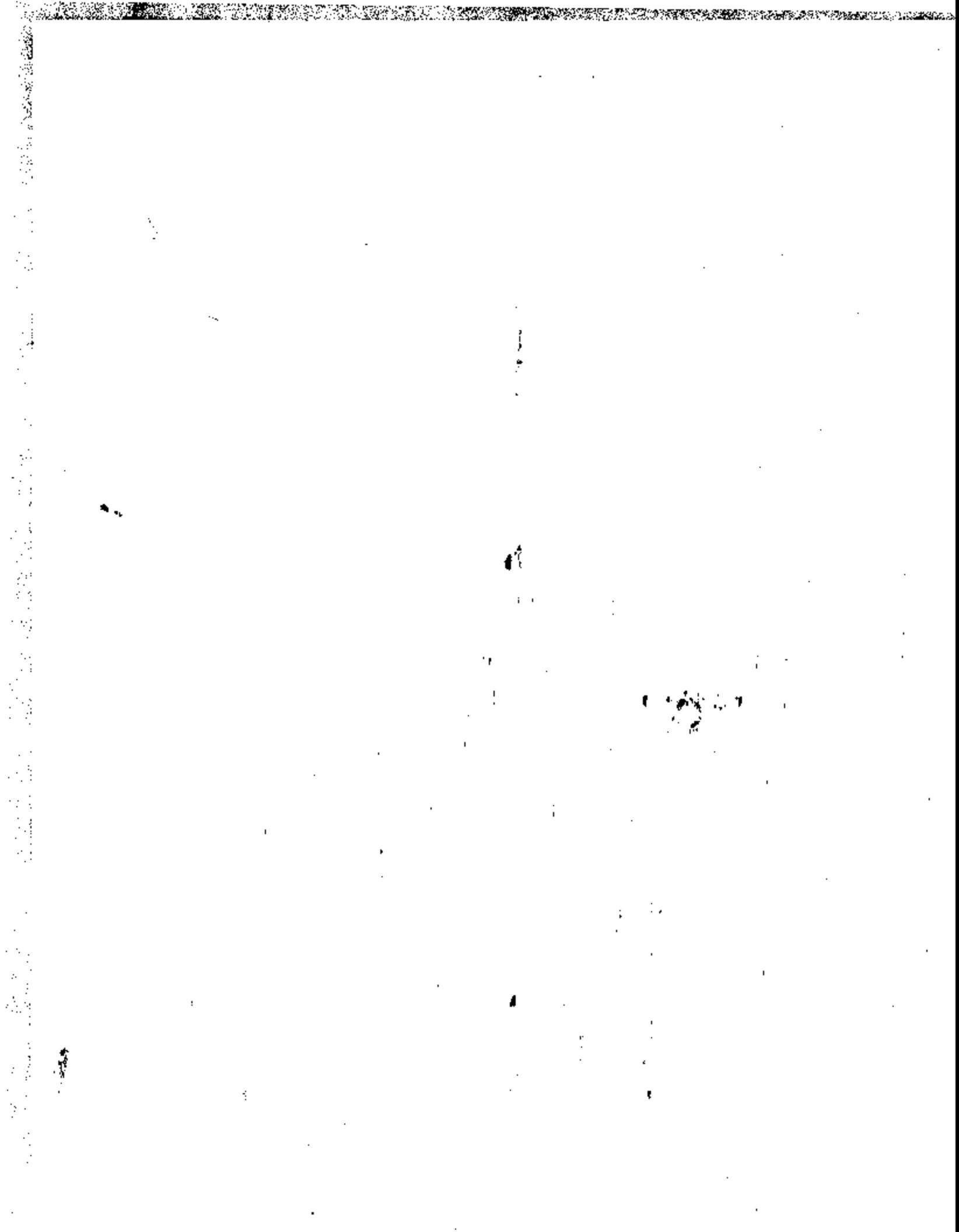


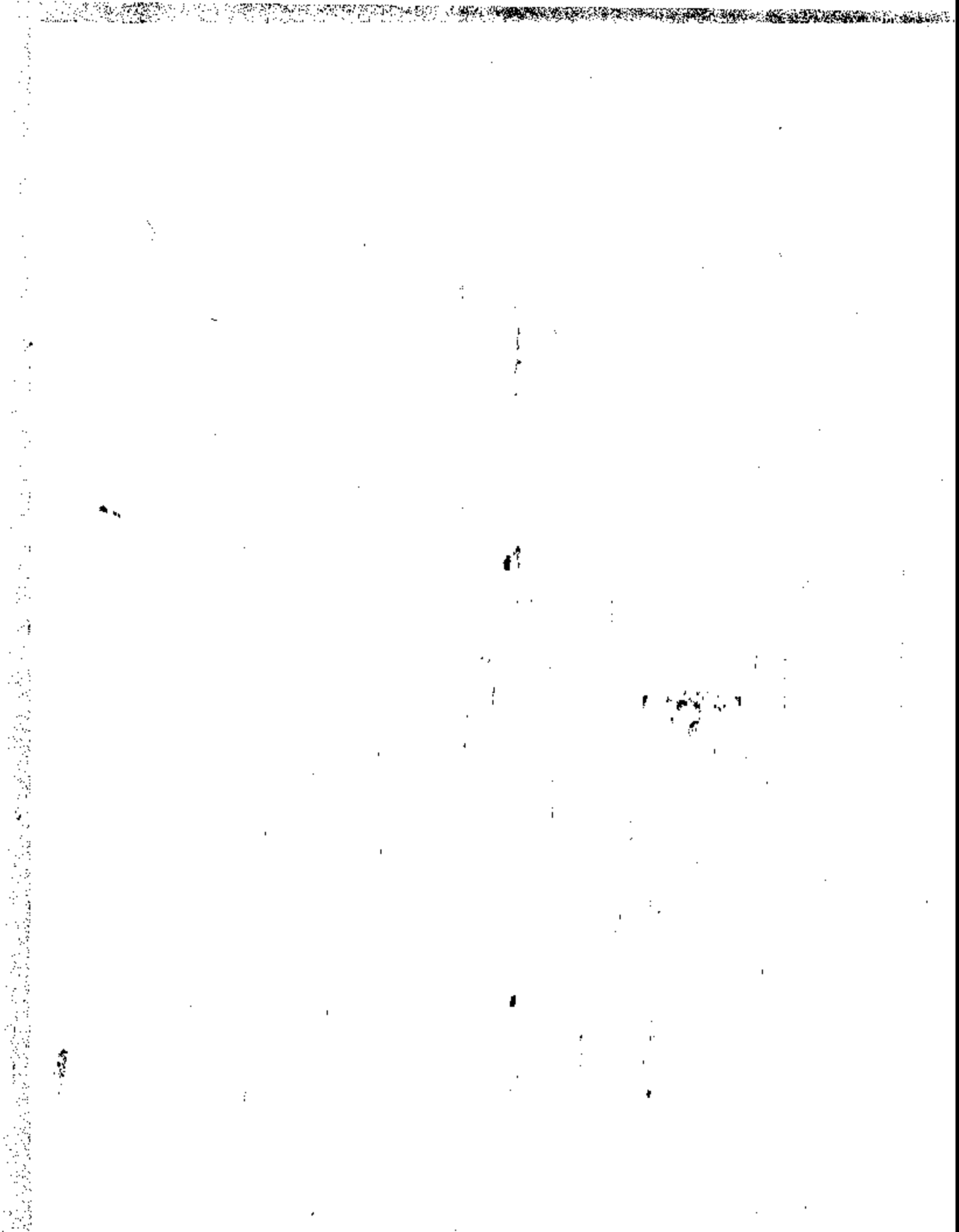


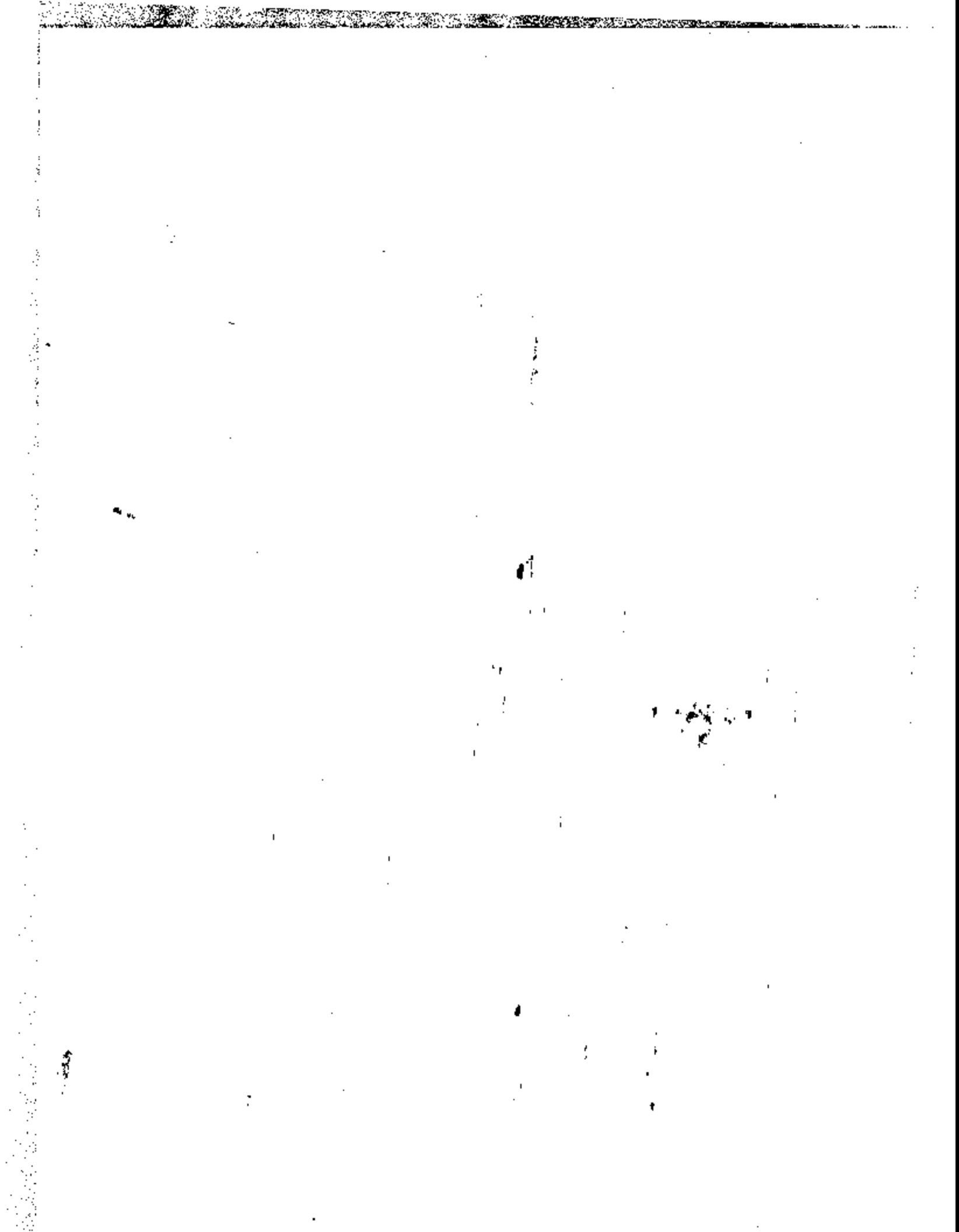


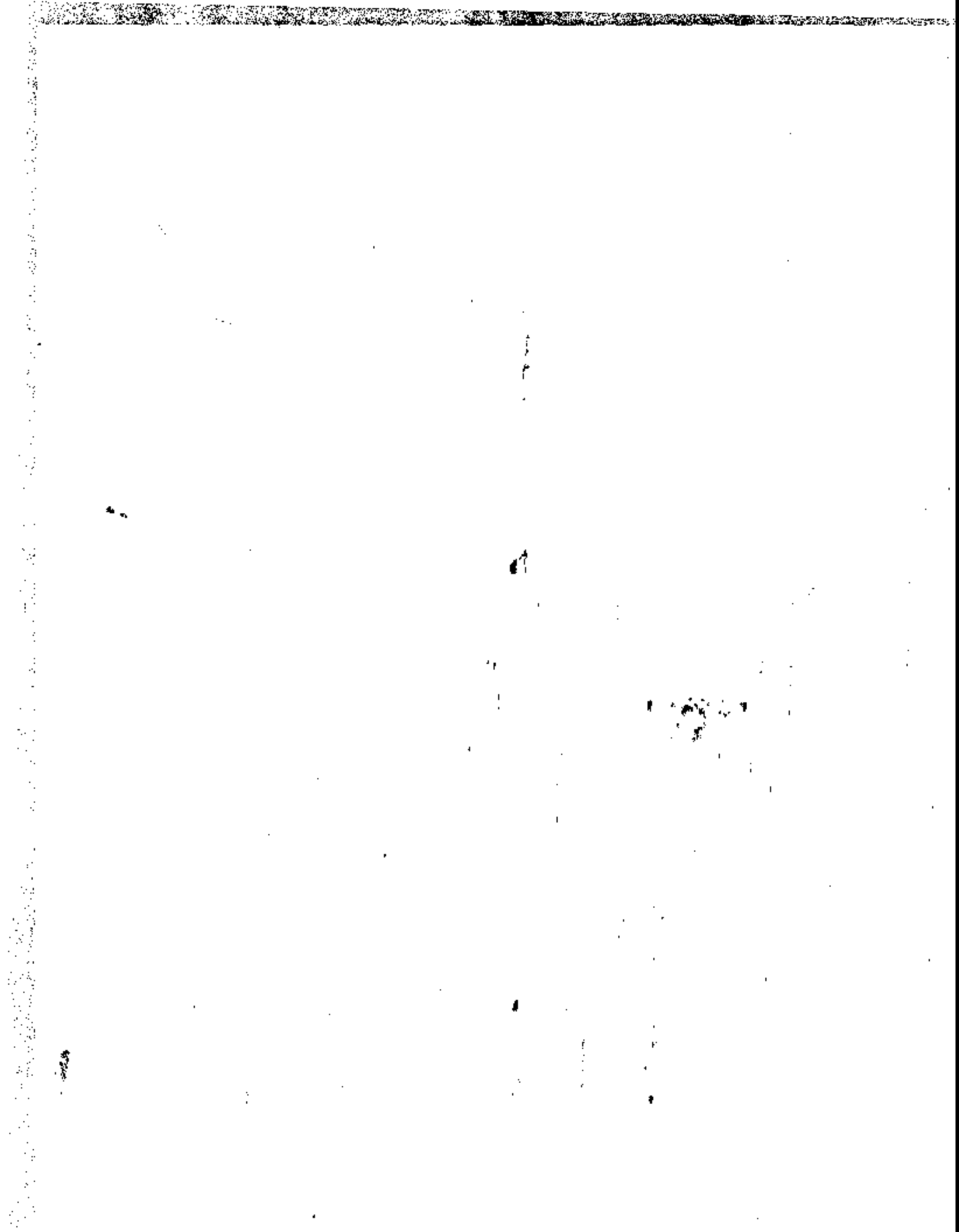


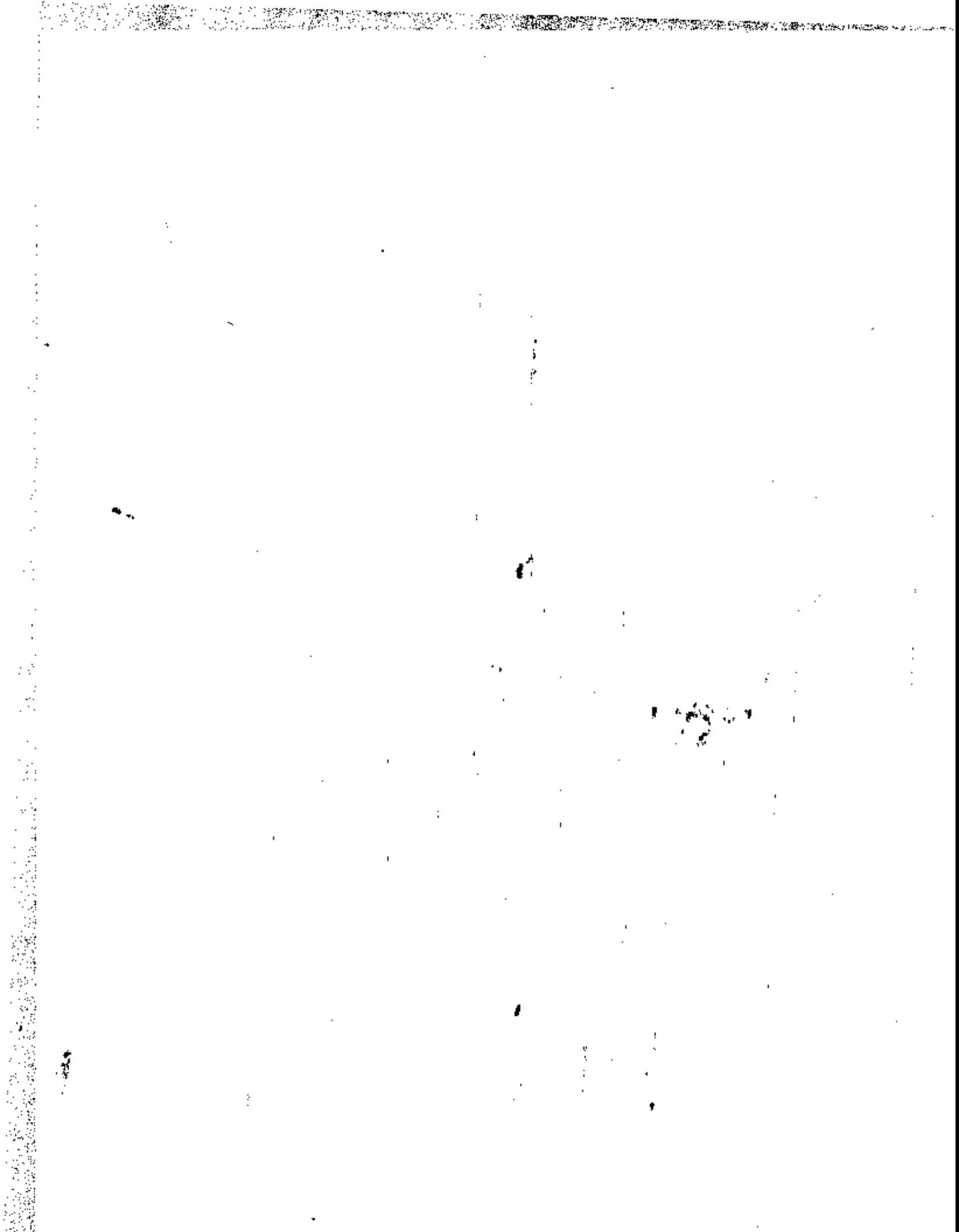


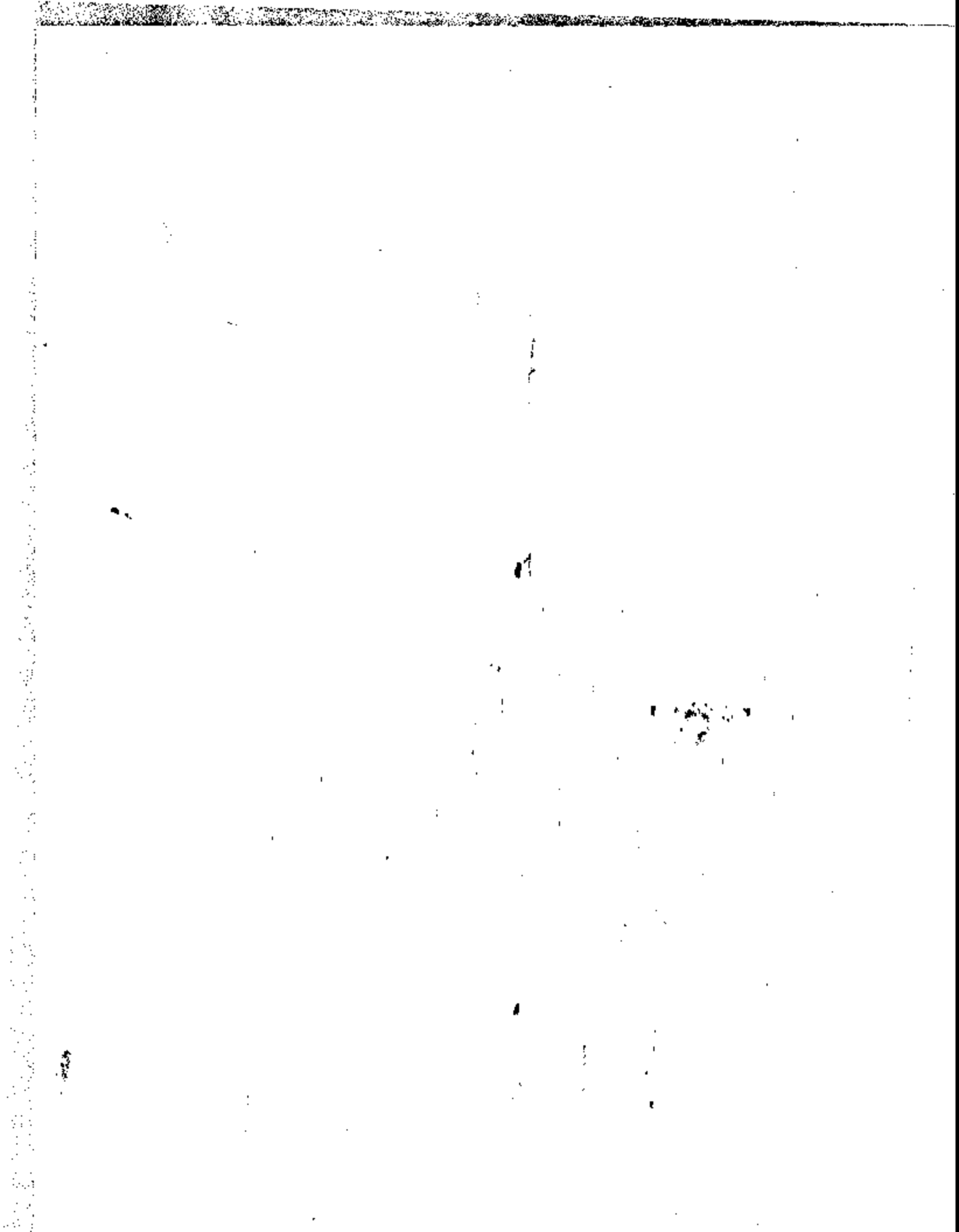


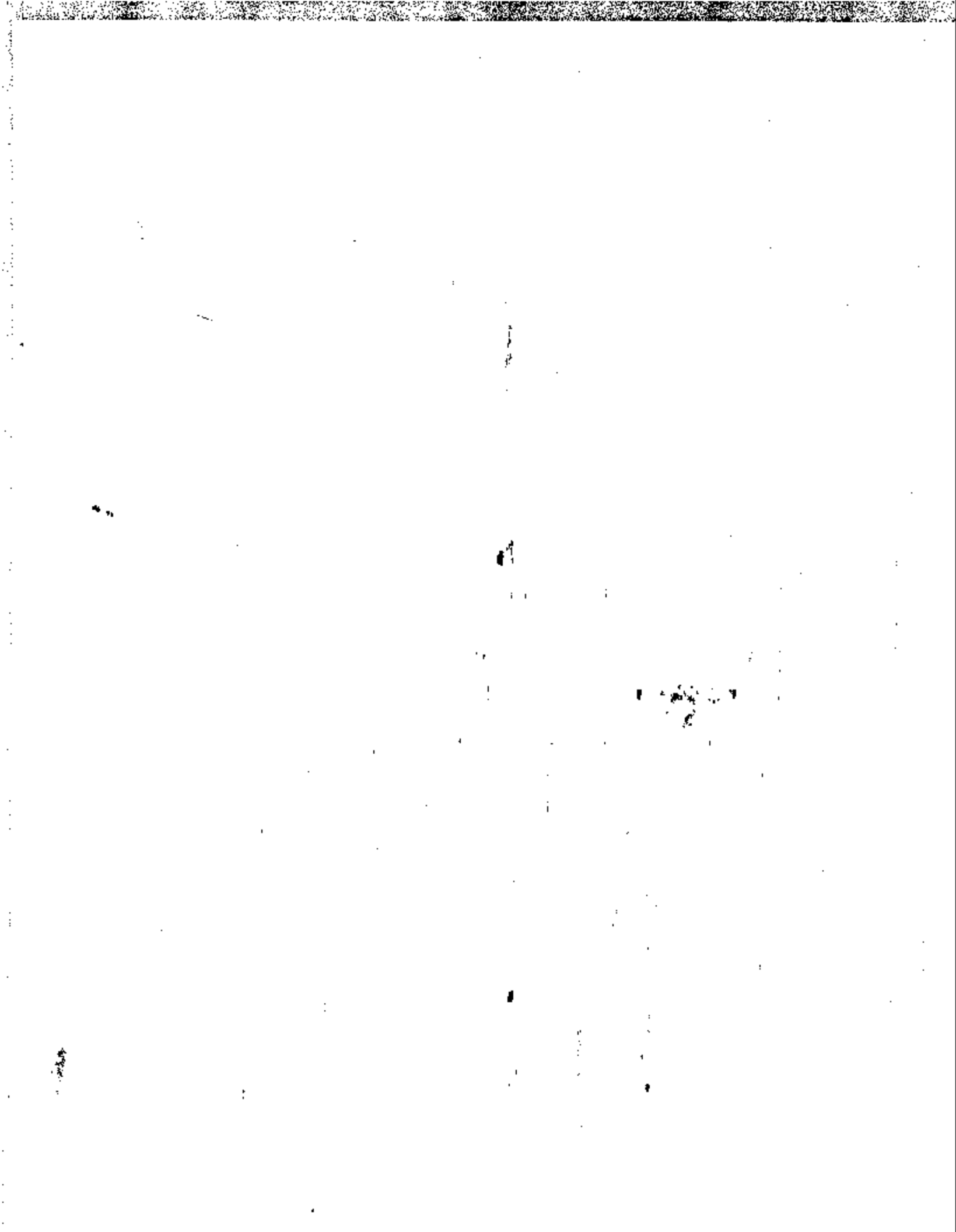














VEHICLE OWNER'S QUESTIONNAIRE

NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION
NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION
400 METRO AREA 202-366-9123
NATIONWIDE 1-800-424-9393

NAME and ADDRESS

JENNIFER HEINEN

1102 OHIO ST 1

LAWRENCE

KS

66044

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES ☐ NO ☒

913-749-5848

OWNER INFORMATION (TYPE OR PRINT)

DAY TIME TELEPHONE NO. (AREA CODE)

808767

DATE REC'D VED

6 Mar 1997

REFERENCE NO.

od-or
n-di
od-n
up-ltr

FOR AGENCY USE ONLY

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

VEHICLE MODEL

MODEL YEAR

LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

GEO

STORM

1993

DATE PURCHASED

NEW ☐ USED ☒

ENGINE SIZE

NO CYLINDERS

TURBO
DIGEST
GAS
FUEL INJECTN

MANUAL SEAT TYPE

MANUAL ☐

AUTOMATIC ☐

YES ☐

NO ☒

RESTRAINT SYSTEM

DRIVER'S A BAC ☐

3-POINT BELT ☐

2-POINT BELT ☐

NO ☒

YES ☐

CONTROL

CRASHMAN

FRONT ☐

REAR ☐

4-WHEEL ☐

BODY STYLE
HATCH BK
VAN
PK UP TRK
OTHER

COMPONENT

13730008

STRUCTURE HOOD ASSEMBLY LATCHES

LOCATION

LEFT ☐

RIGHT ☐

MANUFACTURER

CONTACTED

YES ☐

NO ☐

NHTSA PREVIOUSLY

CONTACTED

YES ☐

NO ☐

NO. OF FAILURES

DATE(S) OF FAILURE(S)

WRECKAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

APPLICABLE ACCIDENT INFORMATION

WORTH

YES ☐

NO ☒

WORTH

YES ☐

NO ☒

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY

DAMAGE

YES ☐

NO ☒

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

CONSUMER WAS DRIVING DOWN HWY AND HOOD FLEW OPEN INTO THE WINDSHIELD. DEALER SAID THAT THERE WAS NOTHING WRONG WITH THE LATCHES. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974

Public Law 93-579

The information requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are not required to provide this information to this questionnaire. Your response may be used in the future for statistical purposes.

We need to assure the NHTSA of continuing whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement of action against a manufacturer, your response of a statistical summary may be used in support of the agency's action.

FOR AGENCY USE ONLY DATE RECEIVED _____ REFERENCE NO. _____ 809758		DAY TIME TELEPHONE NO. (AREA CODE) _____ 516-286-5222	
OWNER INFORMATION (TYPE OR PRINT) NAME AND ADDRESS CHERYL MORNING 942 MICHAGN AVE BELLEPORT NY 11713		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 _____		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	

VEHICLE INFORMATION VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	
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 _____	

VEHICLE INFORMATION VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	
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 _____	

VEHICLE INFORMATION VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	
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 _____	

The Privacy Act of 1974
 Public Law 93-579
 5 U.S.C. 552
 This document contains information that is exempt from release under the Freedom of Information Act and subsequent amendments. You may not be able to obtain this information from other sources. Your response may be used to support the agency's action.

ELECTRICAL SHORT IN THE WIRING UNDER THE PASSENGER'S SIDE MANUAL SEAT,
 CAUSED THE VEHICLE TO CATCH ON FIRE WHEN THE VEHICLE WAS IN THE OFF POSITION!

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) ELECTRICAL SHORT IN THE WIRING UNDER THE PASSENGER'S SIDE MANUAL SEAT, CAUSED THE VEHICLE TO CATCH ON FIRE WHEN THE VEHICLE WAS IN THE OFF POSITION!	
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APPLICABLE ACCIDENT INFORMATION NO. OF FAILURES: 03 MAR-97 DATE(S) OF FAILURE(S): MILEAGE AT FAILURE(S): VEHICLE SPEED AT FAILURE(S):		COMPONENT: DB310000 PART NAME(S): ELECTRICAL SYSTEM: WIRING; HARNESS; FRONT; UNDERBODY	
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FAILED COMPONENT(S) (PARTS) INFORMATION (REPORT TIME INFORMATION ON BACK) PART NAME(S): ELECTRICAL SYSTEM: WIRING; HARNESS; FRONT; UNDERBODY		NO. OF FAILURES: 03 MAR-97 DATE(S) OF FAILURE(S): MILEAGE AT FAILURE(S): VEHICLE SPEED AT FAILURE(S):	
--	--	--	--

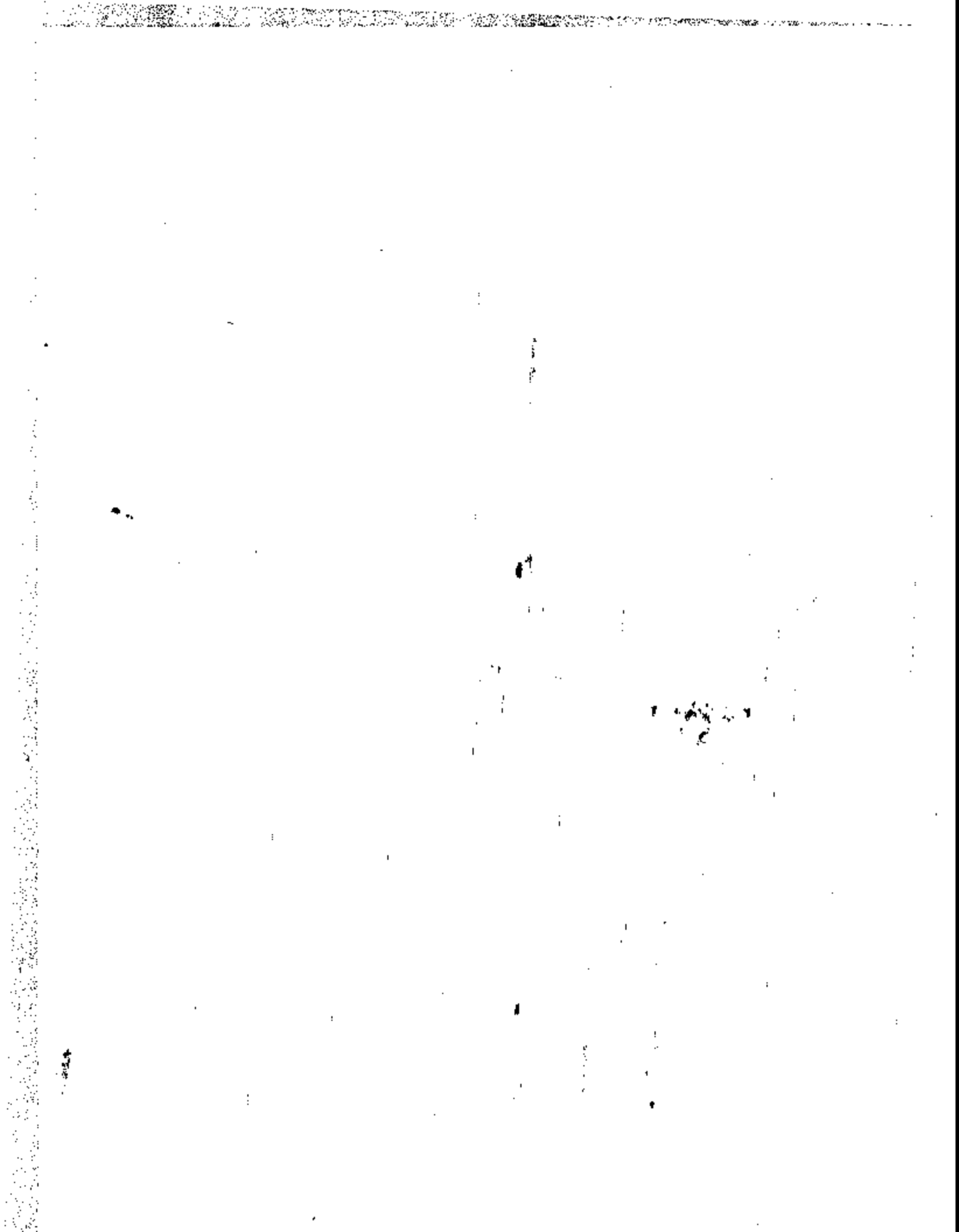
VEHICLE INFORMATION VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	
DO you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES ☐ NO ☐ In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		SIGNATURE OF OWNER _____ DATE _____	

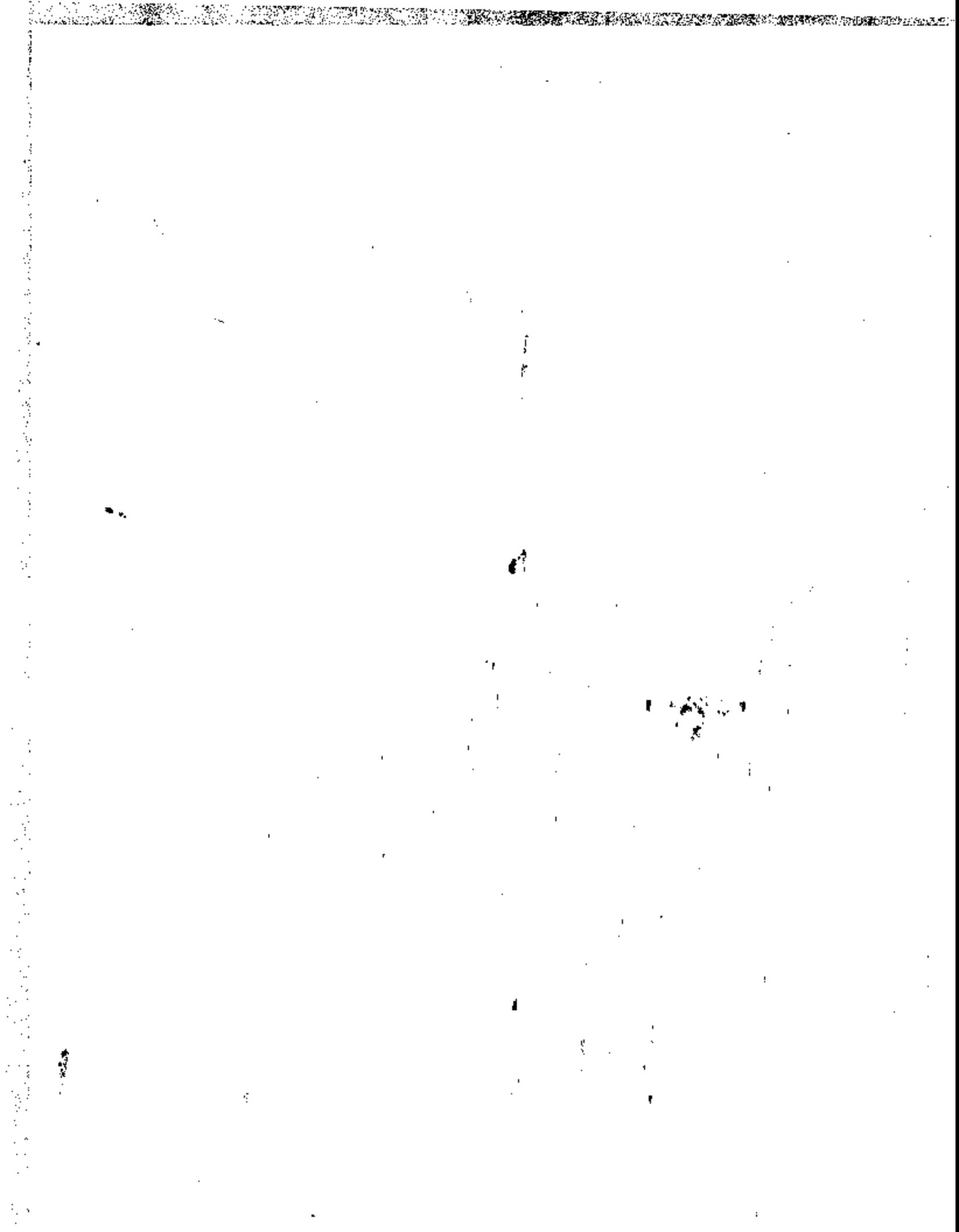
VEHICLE INFORMATION VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996		VEHICLE IDENTIFICATION NO.: IN1CA21D6TT46014 VEHICLE MAKE: NISSAN VEHICLE MODEL: MAXIMA MODEL YEAR: 1996	
DO you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES ☐ NO ☐ In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		SIGNATURE OF OWNER _____ DATE _____	

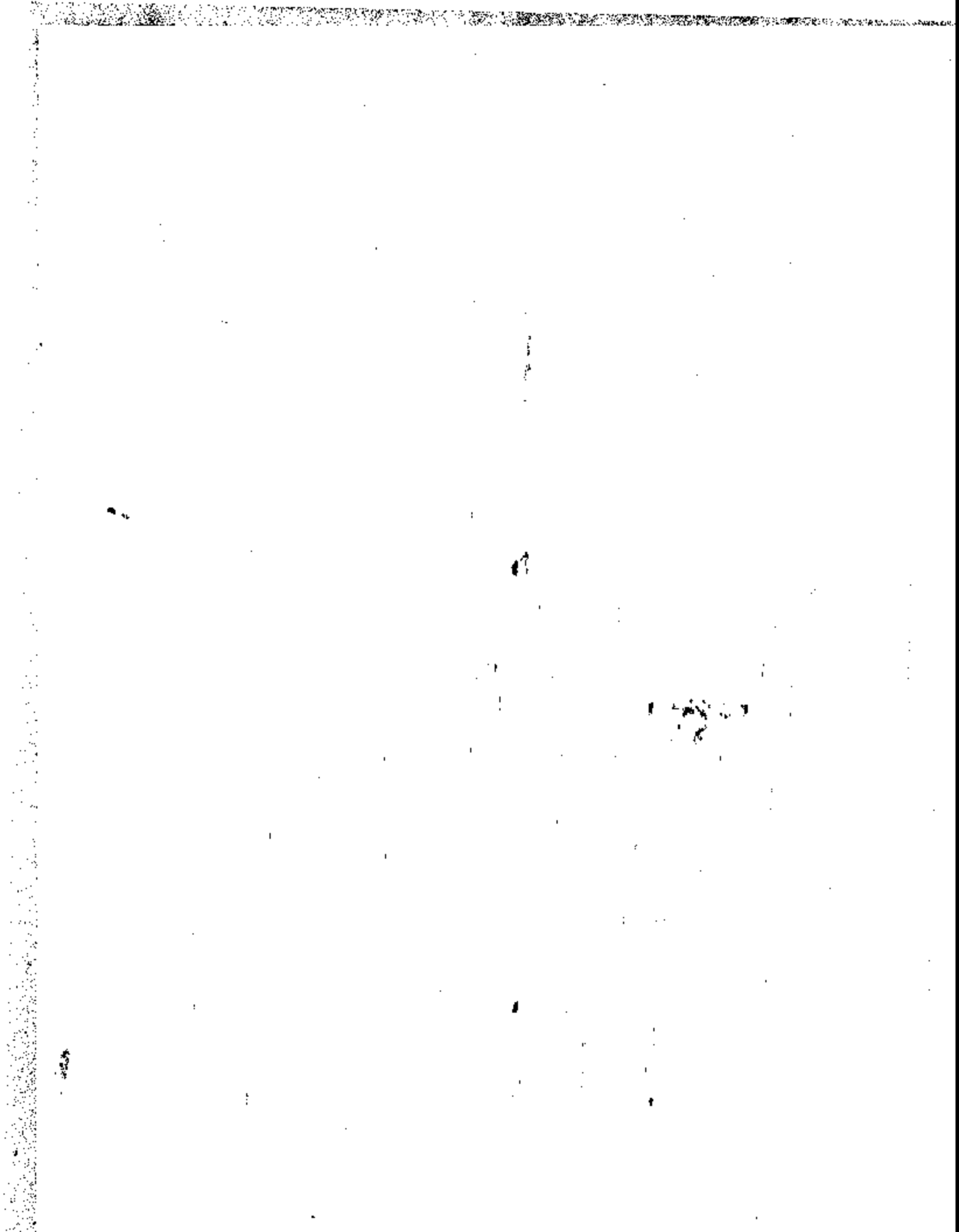
 U.S. Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS STEPHANIE CARLEY 54 RICHARDS AVE. ONEONTA NY 13820		DATE RECEIVED 8 3 Mar 1997		ad.or _____ rt.ct <u>Y</u> _____ ord.rt _____ up.ltr _____ REFERENCE NO. 809612	
		DAY TIME TELEPHONE NO. (AREA CODE) 607-431-1990			
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	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO. *		VEHICLE MAKE FORD TRUCK		VEHICLE MODEL AEROSTAR	
				MODEL YEAR 1992	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READING 13400000		DATE PURCHASED _____ ☐ NEW ☒ USED		DEALER'S NAME, CITY & STATE ENGINE SIZE (CID/CC/L) _____ ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN NO. CYLINDERS _____	
TRANSMISSION TYPE ☒ MANUAL ☐ AUTOMATIC		ANTILOCK BRAKES ☒ YES ☐ NO		RESTRAINT SYSTEM ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☒ 3 POINT BELT ☐ 2-POINT BELT	
		CRUISE CONTROL ☐ YES ☒ NO		2-VEHICLE ☐ FRONT ☐ REAR ☐ 4-WHEEL	
				BODY STYLE STAWAG _____ HATCH BK ☒ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIME INFORMATION ON BACK)					
COMPONENT 13400000		PART NAME(S) STRUCTURE: DOOR ASSEMBLY		LOCATION ☐ LEFT ☐ RIGHT ☐ FRONT ☒ REAR	
				FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT	
NO. OF FAILURES		DATE(S) OF FAILURE(S) 01-FEB-97		MANUFACTURER CONTACTED ☐ YES ☐ NO	
		MILEAGE AT FAILURE(S) 72		NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO	
		VEHICLE SPEED AT FAILURE(S)			
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT ☐ YES ☒ NO		FIRE ☐ YES ☒ NO		NUMBER PERSONS INJURED _____	
				NUMBER OF FATALITIES _____	
				PROPERTY DAMAGE EST. _____	
				POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES):					
DOOR ASSEMBLY FAILURE, SLIDING DOOR WILL NOT OPEN FROM INSIDE OR OUTSIDE, IN FOR REPAIR, WILL PROVIDE REPAIR RECEIPT. *AK					
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 Administration. 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.		

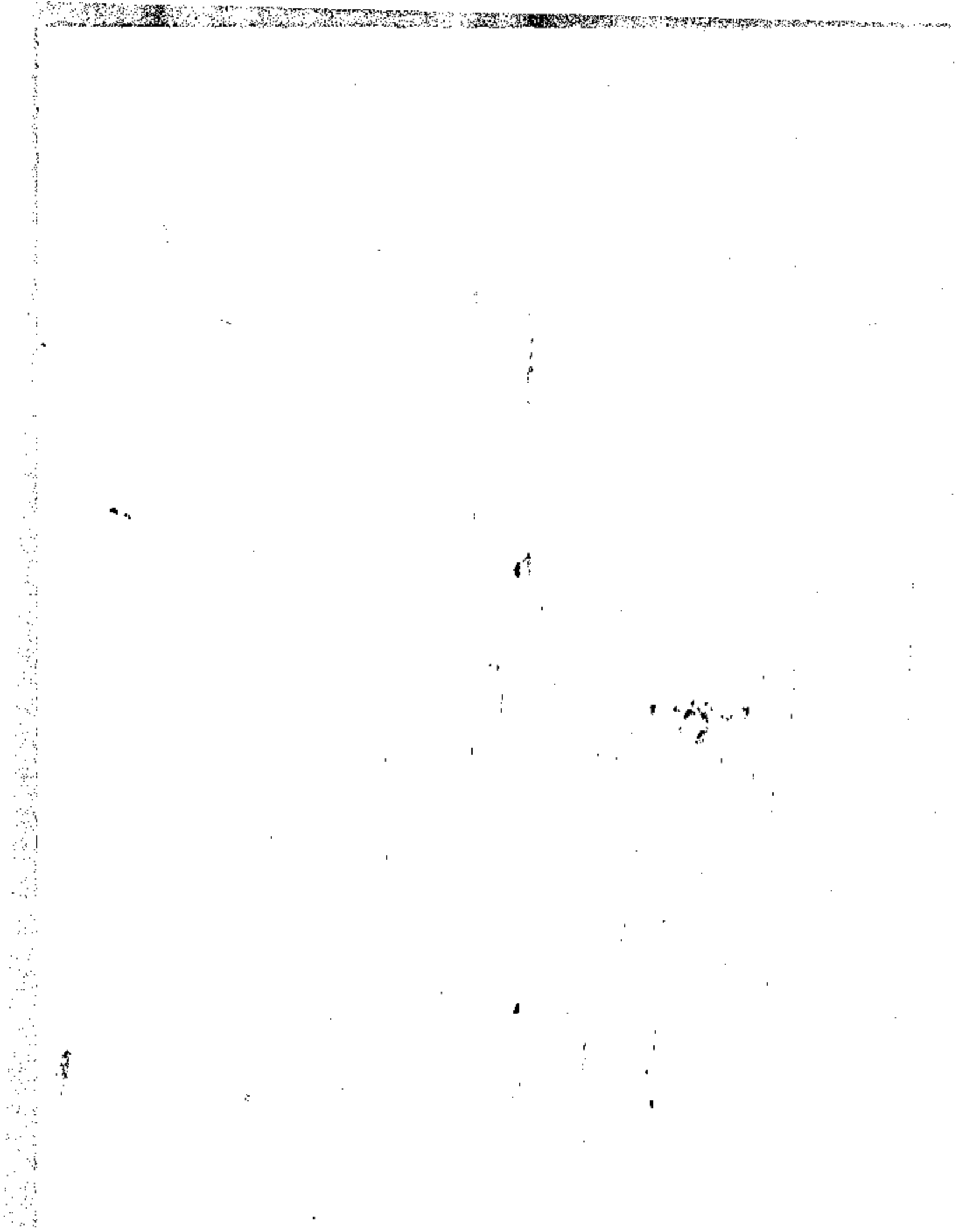
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-368-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS LOUIS FONG LEE 924 HEMPSTEAD BLVD NEW YORK NY 11553		DATE RECEIVED 119 28 Feb 1997	rd. or _____ rt. dt. <u>Y</u> _____ od. n _____ up. hr _____ REFERENCE NO. 809534
		DAY TIME TELEPHONE NO. (AREA CODE) 212-354-5675	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.*		VEHICLE MAKE NISSAN	VEHICLE MODEL MAXIMA
		MODEL YEAR 1995	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING 12111000	DATE PURCHASED ☒ NEW ☐ USED	DEALER'S NAME, CITY & STATE	
		ENGINE SIZE (CID/CC/L) _____ ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN NO. CYLINDERS _____	
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTI-LOCK BRAKES ☐ YES ☒ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT ☒ NO	
		Cruise CONTROL ☐ YES ☒ NO	DRIVETRAK ☐ FRONT ☐ REAR ☐ 4-WHEEL
BODY STYLE STAWAG _____ HATCH BK _____ 4 CR _____ VAN _____ 2 CR _____ PK UP TRK _____ OTHER _____			
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 12111000	PART NAME(S) INTERIOR SYSTEMS/PASSIVE RESTRAINT: AIR BAG: DRIVER	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 01-NOV-96		MANUFACTURER CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S)		NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☒ YES ☐ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED 1	NUMBER OF FATALITIES
		PROPERTY DAMAGE EST\$	POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
CONSUMER WAS INVOLVED IN A SIDE IMPACT COLLISION, IMPACT 3:00, WHILE TRAVELING 40 TO 45 MPH AND THE DRIVER'S AND PASSENGER'S SIDE AIR BAGS DEPLOYED CAUSING SERIOUS INJURIES TO OCCUPANT. *AK			
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 in 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.	

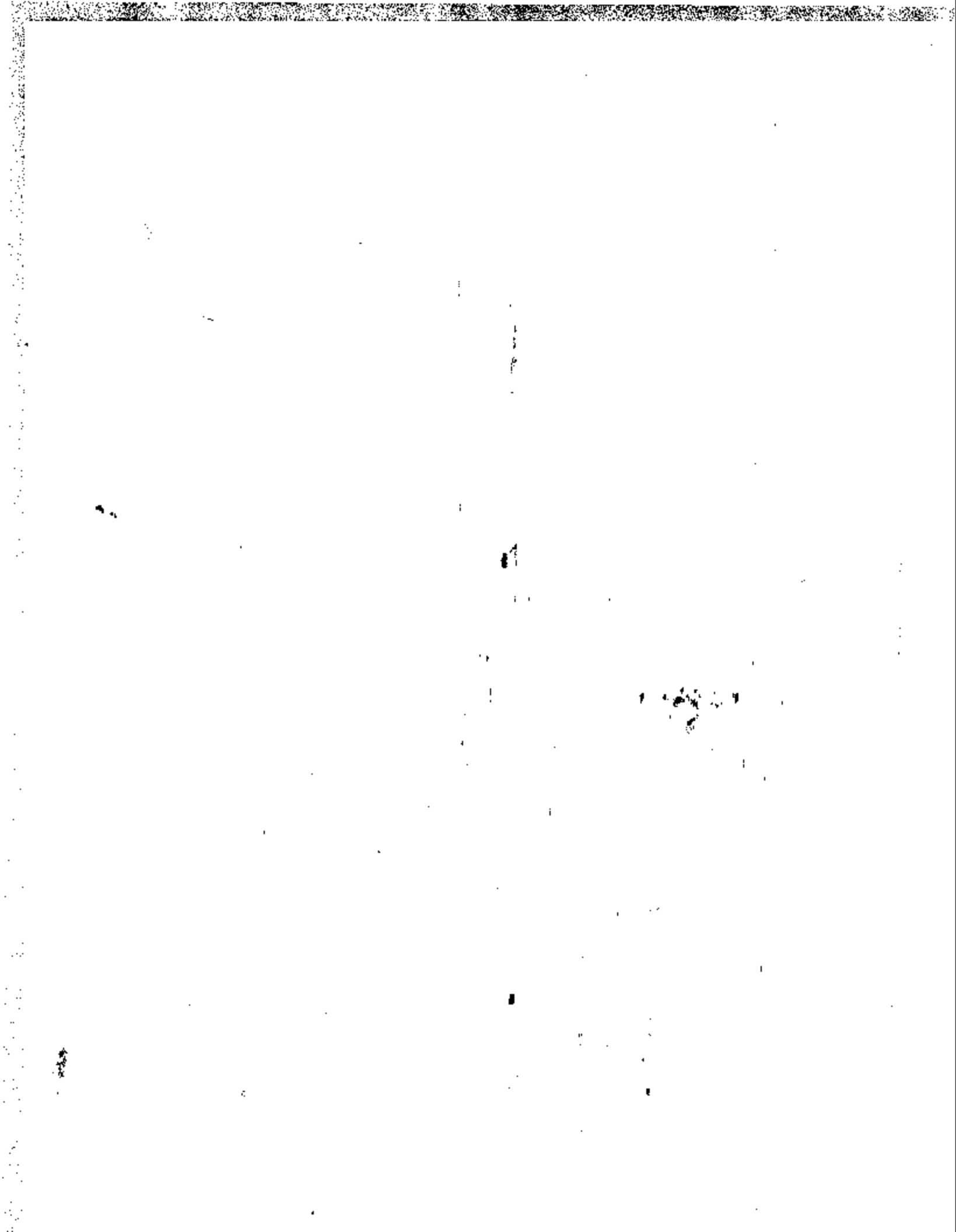
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-386-0123		FOR AGENCY USE ONLY DATE RECEIVED 141 3 Mar 1997 REFERENCE NO. 805582 DAY TIME TELEPHONE NO. (AREA CODE) 770-461-6024	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS AL MULLINS 256 HIGHWAY 279 FATETTEVILLE GA 30214			
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1LNLM92V6VY616773		VEHICLE MAKE LINCOLN	
		VEHICLE MODEL MARK VIII	
		MODEL YEAR 1997	
LOCATED AT BOTTOM OF WINDSHIELD OR WINDSHIELD			
CURRENT ODOMETER READING 00000		DATE PURCHASED ☐ NEW ☒ USED	
		DEALER'S NAME, CITY & STATE	
		ENGINE SIZE (CID/CC/L) NO. CYLINDERS	
		☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN	
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC	ANTI LOCK BRAKES ☒ YES ☐ NO	AIR BAG SYSTEM ☐ DRIVER'S SIDE A BAG ☐ PASSENGER'S SIDE A BAG ☐ 3 POINT BELT ☐ 2 POINT BELT	CRUISE CONTROL ☒ YES ☐ NO
		DRIVE SHAFT ☐ FRONT ☒ REAR ☐ 4-WHEEL	BODY STYLE STATION WAGON 4 DR 2 DR HATCH BACK VAN PICK UP TRK OTHER
FAILED COMPONENT(S) INFORMATION (REPORT TYPE INFORMATION ON BACK)			
COMPONENT 03250000	PART NAME(S) BRAKES-HYDRAULIC-ANTI-SKID SYSTEM	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 27-FEB-97	MANUFACTURER CONTACTED ☐ YES ☒ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☒ NO
	MILEAGE AT FAILURE(S) 5000		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
		PROPERTY DAMAGE ESTS	POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
PEDAL WENT ALL THE WAY TO THE FLOOR AND THERE WERE NO BRAKES AT ALL. PULLED OVER TO CHECK THERE WERE 2 PIECES OF BRAKE TUBING DRAGGING AND PROTRUDING, THEY WERE SEVERED IN HALF. *AK			
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.	

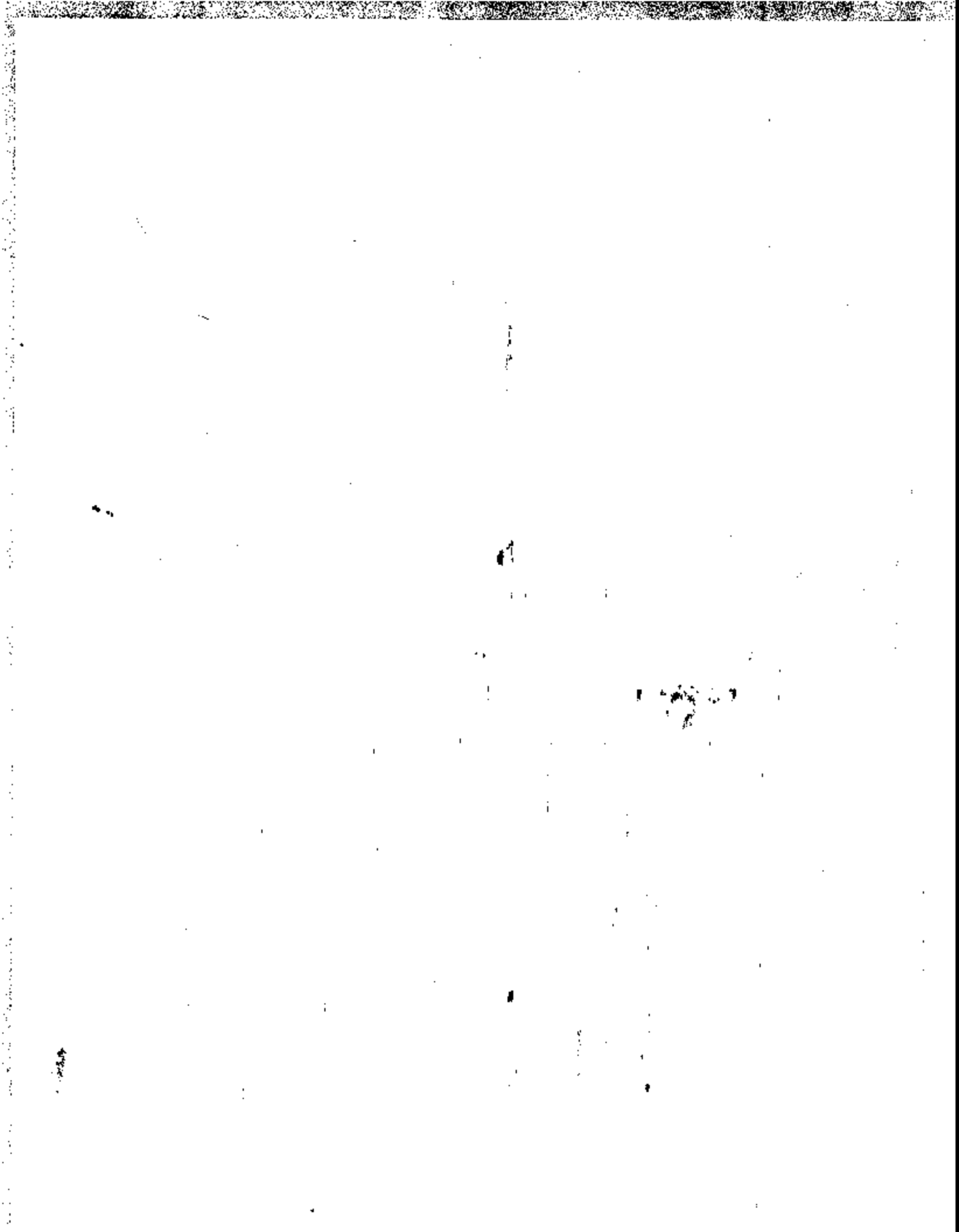


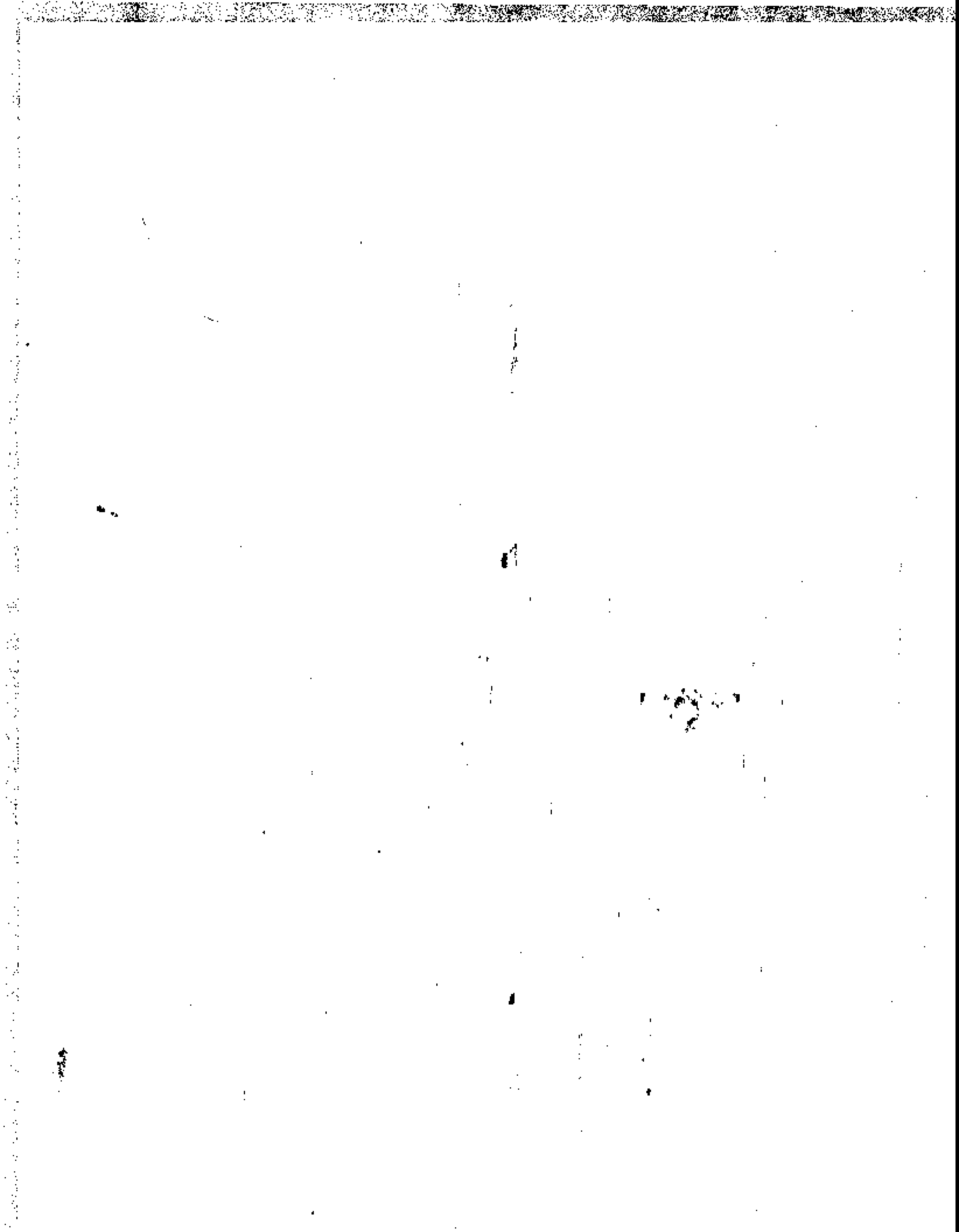


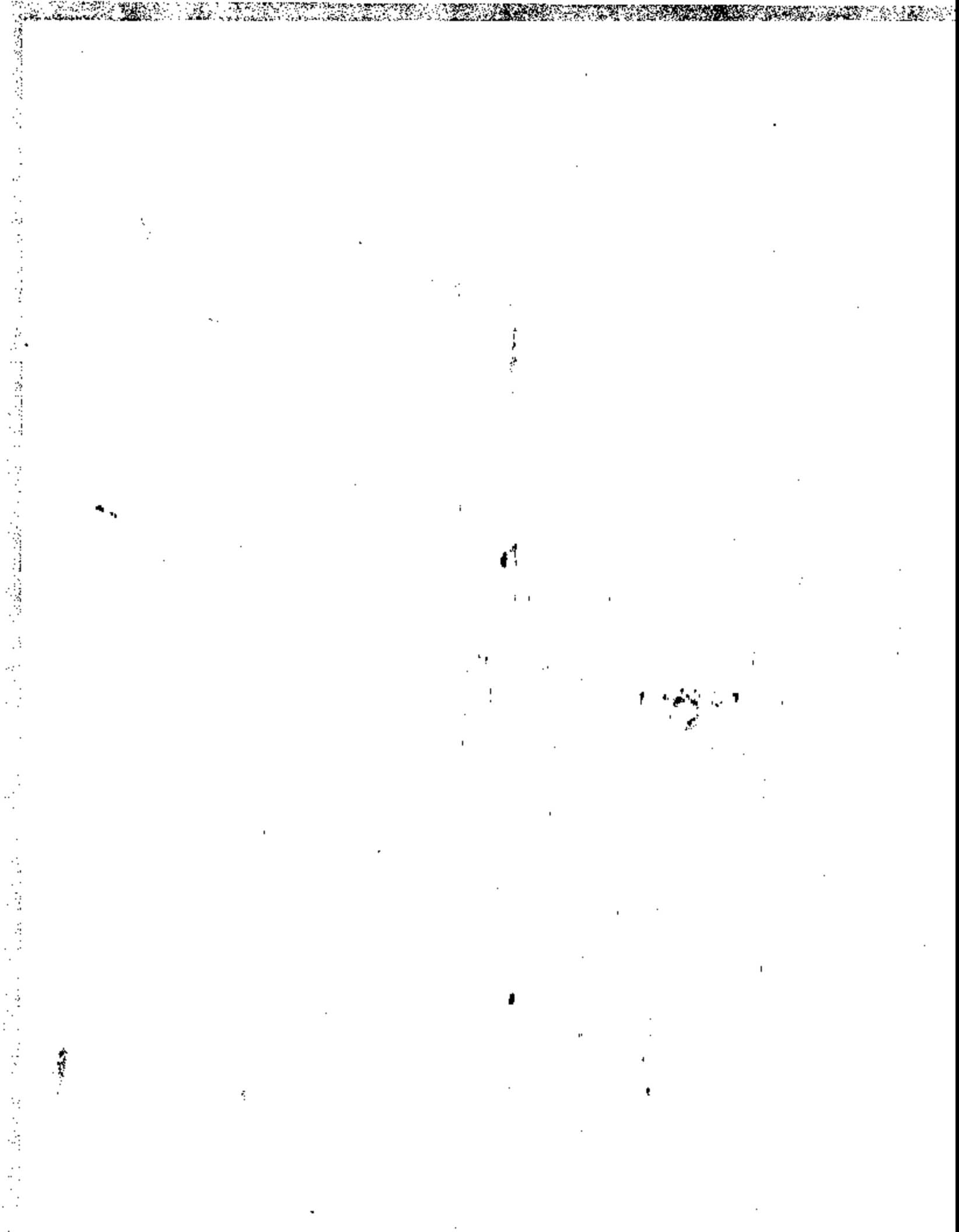


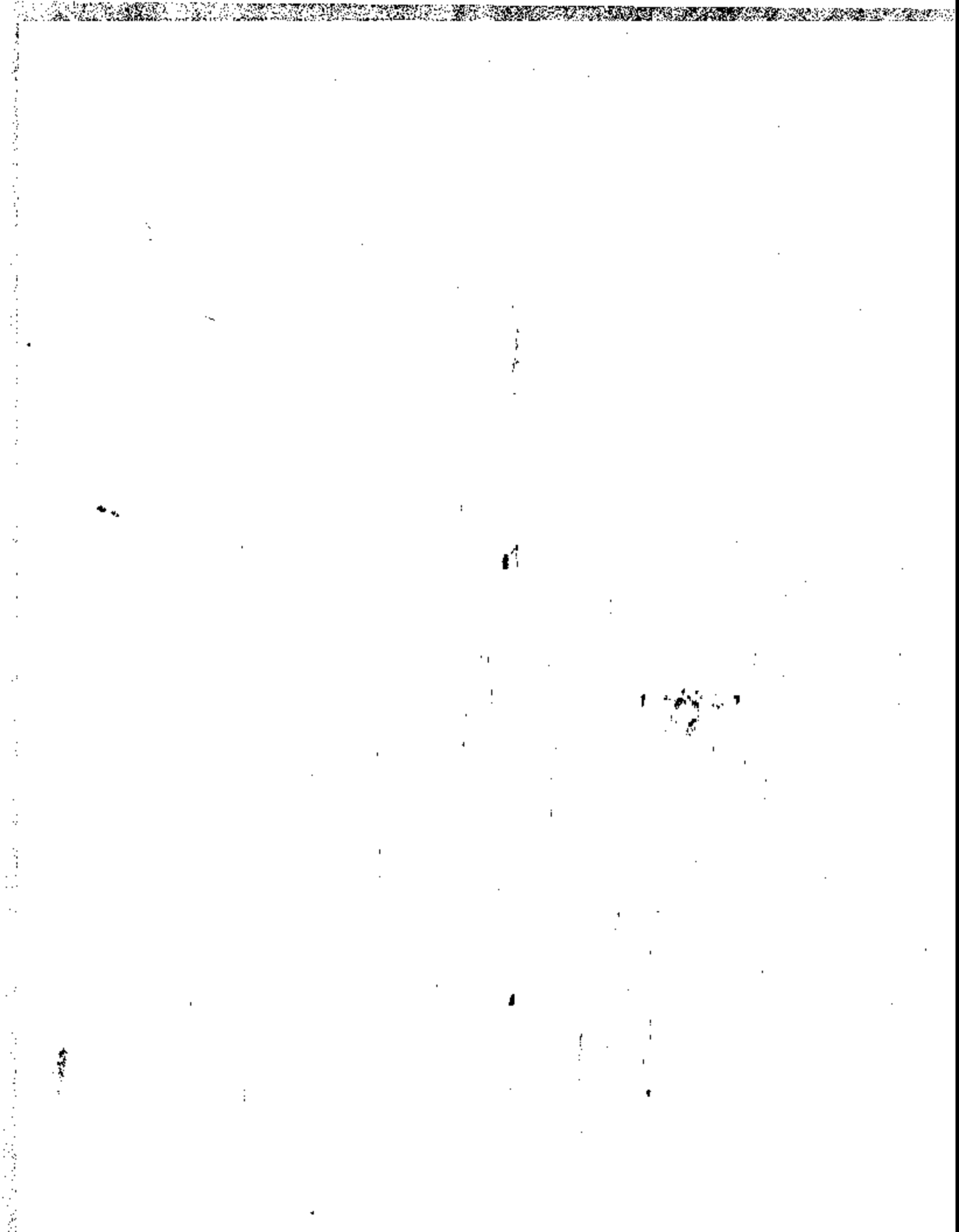


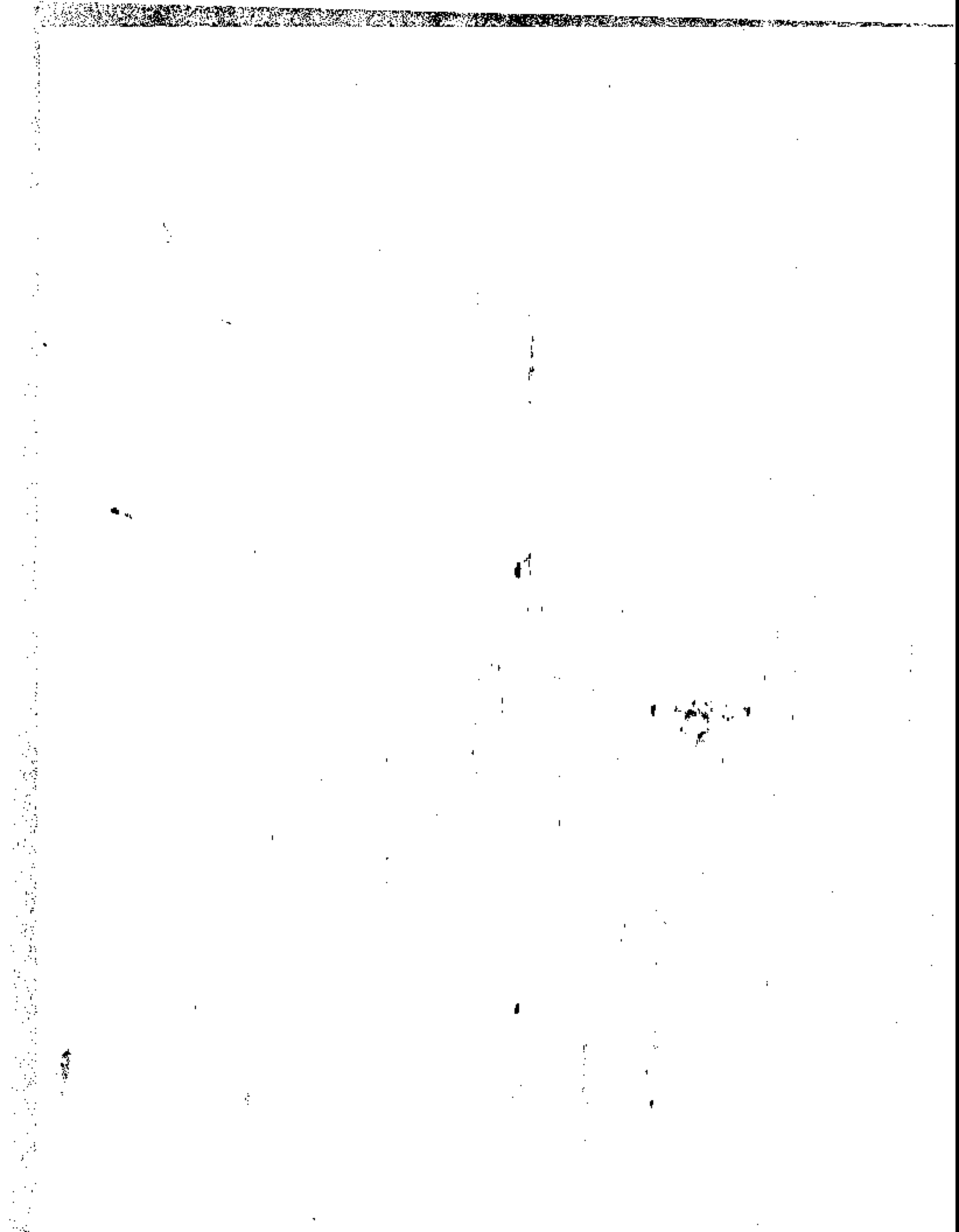














National Highway
Traffic Safety
Administration

ALTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-365-8123

FOR AGENCY USE ONLY

DATE RECEIVED

ag. cr. ☐
n. dt. ☐
od. r. ☐
up. tr. ☐

17 Mar 1997

REFERENCE NO.

810098

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

JEFF MORA

2153 WINDSOR AVE.

CLOVIS

CA 93611

DAY TIME TELEPHONE NO. (AREA CODE)

209-456-0709

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

4N2DN11W3SD862256

VEHICLE MAKE

NISSAN TRUCK

VEHICLE MODEL

QUEST

MODEL YEAR

1994

INDICATE AT BOTTOM OF WINDSHIELD OR ON IDENTIFICATION

CURRENT GROSS WEIGHT (LBS.)

DATE

PURCHASED

DEALER'S NAME (CITY & STATE)

ENGINE SIZE
(CID/CC)

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

NO. CYLINDERS

TRANSMISSION TYPE

☐ MANUAL

☐ AUTOMATIC

ANTILOCK BRAKES

☐ YES

☒ NO

POSITION (STATE)

☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT

☐ PASSENGER'S SIDE AIRBAG

☐ 3-POINT BELT

☐ 2-POINT BELT

CRUISE CONTROL

☐ YES

☒ NO

DRIVE SHAFT

☐ FRONT

☐ REAR

☐ 4-WHEEL

BODY STYLE

STAWAG ☐

4 DR ☐

2 DR ☐

HATCH BK ☐

VAN ☐

PICK UP TRK ☐

OTHER ☐

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT FIRE INFORMATION ON BACK)

COMPONENT

12111000

PART NAME(S)

INTERIOR SYSTEMS/PASSIVE RESTRAINT-AIR BAG/DRIVER

LOCATION

☐ LEFT FRONT

☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S)

28

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☒ YES

☐ NO

FIRE

☐ YES

☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE ESTS

POLICE REPORTED

☐ YES

☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

UPON IMPACT, DURING FRONTAL CRASH, AT APPROX. 30MPH, 12:00 ON FRONT BUMPER, DRIVER'S AIRBAG FAILED TO DEPLOY, NO INJURY. AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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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.



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

FOR AGENCY USE ONLY

DATE RECEIVED

155 17 Mar 1997

od-gr

rt-di

od-rt

up-rt

REFERENCE NO.

810099

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JAMES SMITH

1145 W BOSTON AVE
RIDGECREST, CA 93555

DAY TIME TELEPHONE NO. (AREA CODE)

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO. *

1B7FL26Y7SW922873

VEHICLE MAKE

DODGE TRUCK

VEHICLE MODEL

DAKOTA

MODEL YEAR

1995

* LOCATED AT BOTTOM OF WINDSHIELD OR DRIVER'S FOOT

CURRENT ODOMETER READING

DATE

PURCHASED

☐ NEW☒ USED

DEALER'S NAME CITY & STATE

ENGINE SIZE

(CID/CC/L)

NO. CYLINDERS

☐ TURBO☐ DIESEL☐ GAS☒ FUEL INJECTN

TRANSMISSION TYPE

☒ MANUAL☐ AUTOMATIC

ANTILOCK BRAKES

☐ YES☒ NO

RESTRAINT SYSTEM

☒ DRIVER'SIDE AIRBAG ☐ MOTORBELT☐ PASSENGER'SIDE AIRBAG☐ 3-POINT BELT☒ 2-POINT BELT

CLUSE CONTROL

☐ YES☒ NO

DRIVETRAIN

☐ FRONT☒ REAR☐ 4-WHEEL

BODY STYLE

STATION WAGON

4 DR

2 DR

HATCH BACK

VAN

PICKUP TRUCK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

12111800

PART NAME(S)

INTERIOR SYSTEMS-PASSIVE RESTRAINT-AIR BAG-DRIVER

LOCATION

☐ LEFT☐ FRONT☐ RIGHT☐ REAR

FAILED PART(S)

☐ ORIGINAL☐ REPLACEMENT

NO. OF FAILURES

1

DATE(S) OF FAILURE(S)

22-APR-96

MILEAGE AT FAILURE(S)

38

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES ☒ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES ☒ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☒ YES ☐ NO

FIRE

☐ YES ☒ NO

NUMBER PERSONS INJURED

1

NUMBER OF FATALITIES

0

PROPERTY DAMAGE

☐ YES ☒ NO

POLICE REPORTED

☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

OWNER WAS DRIVING ON HIGHWAY AND HIT A WALL, AIR BAG DIDN'T DEPLOY. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. In the NHTSA proceedings with administrative enforcement and litigation, your information, including your response, or a brief summary thereof, may be used in support of the agency's action.

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-365-0123		FOR AGENCY USE ONLY DATE RECEIVED 116 18 Mar 1997 REFERENCE NO. 810100	
OWNER INFORMATION (TYPE OR PRINT) NAME AND ADDRESS JOHN IVERSON N 456 YOUTH RD. MONDOVI WI 54755		DAY TIME TELEPHONE NO. (AREA CODE) 715 926 3497	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1GKFK16K9P1740464		VEHICLE MAKE GMC	
		VEHICLE MODEL SUBURBAN	
		MODEL YEAR 1993	
VEHICLE IDENTIFICATION NO. LOCATED AT BOTTOM OF WINDSHIELD OR ON VER'S KEY			
CURRENT ODOMETER READING 116		DATE PURCHASED 18 Mar 1997	
DEALER'S NAME, CITY & STATE NEW USED		ENGINE SIZE (CID/CC/L) NO CYLINDERS	
TRANSMISSION TYPE MANUAL AUTOMATIC		ANTILOCK BRAKES YES NO	
RESTRAINT SYSTEM DRIVERSIDE AIRBAG PASSENGERSIDE AIRBAG 3-POINT BELT 2-POINT BELT		CRUISE CONTROL YES NO	
		DRIVE SHAFT FRONT REAR 4-WHEEL	
		BODY STYLE STAWAB 4 DR 2 DR	
		PATCH BK VAN PK UP TRK OTHER	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 07460000	PART NAME(S) POWER TRAIN: AXLE ASSEMBLY	LOCATION LEFT FRONT RIGHT REAR	FAILED PART(S) ORIGINAL REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 08-FEB-97	MANUFACTURER CONTACTED YES NO	NHTSA PREVIOUSLY CONTACTED YES NO
	MILEAGE AT FAILURE(S) 64000		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT YES NO	FIRE YES NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
		PROPERTY DAMAGE ESTS	POLICE REPORTED YES NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
WHILE DRIVING 35MPH THE REAR AXLE FELL OFF THE VEHICLE, CAUSING THE WHEELS TO SEPARATE. *AK			

CONTINUE ON BACK IF NEEDED

 The Privacy Act of 1974
 Public Law 93-579

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National Highway
Traffic Safety
Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1 800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

od. cr

n. dt

od. n

us. ltr

3 18 Mar 1997

REFERENCE NO.

810101

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

SHARON HOLLEY

45 MIDDLE FIELD
GROTON

CT 06340

DAY TIME TELEPHONE NO. (AREA CODE)

860-572-7221

860-536-6960

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

1J4G258S5VC504115

VEHICLE MAKE

JEEP

VEHICLE MODEL

CHEROKEE

MODEL YEAR

1997

VEHICLE AT LOCATION OF INCIDENT (TYPE OR PRINT)

CURRENT ODOMETER READING

DATE

DEALER'S NAME, CITY & STATE

PURCHASED

☒ NEW ☐ USED

ENGINE SIZE

CID/CC/L

☐ TURBO☐ DIESEL☐ GAS☐ FUEL INJECTION

NO. CYLINDERS

TRANSMISSION TYPE

☐ MANUAL☒ AUTOMATIC

ANTILOCK BRAKES

☒ YES☐ NO

SEATBELT SYSTEM

☒ DRIVER SIDE AIRBAG ☐ MOTOR BELT☐ PASSENGER SIDE AIRBAG☒ 3-POINT BELT ☐ 2-POINT BELT

CRUISE CONTROL

☐ YES☒ NO

DRIVETRAK

☐ FRONT☐ REAR☐ 4 WHEEL

BODY STYLE

STAWAG

4 DR

2 DR

☐ HATCH BK☐ VAN☐ PK UP TRK☐ OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT THE INFORMATION ON BACK)

COMPONENT

10120000

PART NAME(S)

VISUAL SYSTEMS: GLASS WINDOW-DOOR AND SIDE

LOCATION

☐ LEFT FRONT ☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

09-MAR-97

MILEAGE AT FAILURE(S)

8

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☐ YES☒ NO

FIRE

☐ YES☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE EST.

POLICE REPORTED

☐ YES☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

ON NORMAL WEATHER CONDITIONS, WHEN ENTERING THE VEHICLE AND CLOSING THE FRONT PASSENGER SIDE FRONT DOOR, THE REAR QUARTER PANEL WINDOW ON THE DRIVER'S SIDE EXPLODED. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

This questionnaire 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 responses 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 of a law against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

41 18 Mar 1997

ad_or
rt_at
od_r1
up_ltr

REFERENCE NO.

810102

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

RICHARD HARRIS

1018 WALLER RD

DRENTWOOD

TN

37027

DAY TIME TELEPHONE NO. (AREA CODE)

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

1NKG01DOSM306838

VEHICLE MAKE

INFINITI

VEHICLE MODEL

Q45

MODEL YEAR

1995

LOCATION AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING

DATE
PURCHASED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CC)

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

NO. CYLINDERS

TRANSMISSION TYPE

☐ MANUAL
☒ AUTOMATIC

ANTILOCK BRAKES

☒ YES
☐ NO

RESTRAINT SYSTEM

☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT
☐ PASSENGER'S SIDE AIRBAG
☐ 3-POINT BELT ☐ 2-POINT BELT

CRUISE CONTROL

☒ YES
☐ NO

DRIVETRAIN

☐ FRONT
☒ REAR
☐ 4-WHEEL

BODY STYLE

STAWAG ☐ HATCH BK
4 DR ☐ VAN
2 DR ☐ PK UP TRK
OTHER ☐

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT FIRE INFORMATION ON BACK)

COMPONENT

13730000

PART NAME(S)

STRUCTURE:HOOD ASSEMBLY:ATCHRS

LOCATION

☐ LEFT
☐ FRONT

☐ RIGHT
☐ REAR

FAILED PART(S)

☐ ORIGINAL
☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

19-DEC-96

MILEAGE AT FAILURE(S)

19000

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER
CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY
CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☐ YES ☒ NO

FIRE

☐ YES ☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY
DAMAGE
ESTS

POLICE REPORTED

☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)

HOOD: WHILE DRIVING ON EXPRESSWAY APPROXIMATELY 60MPH THE HOOD FLEW UP ON VEHICLE. TOOK CAR IN FOR REPAIRS AND DEALER SAID NEITHER THE REGULAR OR SAFETY LOCK WAS WORKING. *AK

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 not being contacted 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 decides to initiate an enforcement action, legal action against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED 119 18-Mar 1997	od.or — rt.dl — od.n — uc.tr — REFERENCE NO. 810103
NAME and ADDRESS KIM MANFREDI 1825 TEABROOK CT. RALEIGH NC 27610		DAY ME TELEPHONE NO. (AREA CODE) 910-261-3281	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 2FDMA5147SBC18592		VEHICLE MAKE FORD TRUCK	VEHICLE MODEL WINDSTAR
		MODEL YEAR 1995	
CURRENT ODOMETER READING DATE PURCHASED ☐ NEW ☒ USED ☐		DEALER'S NAME, CITY & STATE ENGINE SIZE (CID/CO/LI) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	AIR LOCK SHALES ☒ YES ☐ NO	SEATBELT SYSTEM ☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☐ YES ☒ NO
		DRIVE TRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL	BODY STYLE STAWAG ☐ HATCH BK ☐ 4 DR ☐ VAN ☐ 2 DR ☐ PK UP TRK ☐ OTHER ☐
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT THE INFORMATION ON BACK)			
COMPONENT 03250000	PART NAME(S) BRAKES:HYDRAULIC ANTI-SKID SYSTEM	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES DATE(S) OF FAILURE(S) MILEAGE AT FAILURE(S) 23 VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
		PROPERTY DAMAGE ESTS	POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
UPON MAKING A STOP ON WET OR DRY PAVEMENT CONSUMER NOTICED MALFUNCTIONING OF THE ABS BRAKES, RESULTING IN BRAKES FADING AWAY/EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED THE DEALER. DEALER UNABLE TO FIND PROBLEM. *AK			
(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 not being penalized for responding 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.	



National Highway
Traffic Safety
Administration

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

151 18 Mar 1997

od-cr _____
n. dt _____
od. n _____
up-ir _____

REFERENCE NO.

810104

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

SHEILA

MARION

7522 STEPHENS ST.

CENTER LANE

MI

48015

DAY TIME TELEPHONE NO. (AREA CODE)

810 759-4232

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

VEHICLE MODEL

MODEL YEAR

FORD TRUCK

F150

1997

VEHICLE TYPE (TYPE OF VEHICLE)

CURRENT ODOMETER READING

DATE
PURCHASED

DEALER - NAME, CITY & STATE

ENGINE SIZE
(CID/CC/L)

☐ TURBO
☐ DIESEL
☐ GAS
FUEL INJECTION

NO. CYLINDERS

TRANSMISSION TYPE

ANTI-LOCK BRAKES

RESTRAINT SYSTEM

CRUISE
CONTROL

DRIVETRAIN

BODY STYLE

☐ MANUAL

☐ YES

☐ DRIVERSIDE AIRBAG ☐ MOTORBELT

☐ YES

☐ FRONT

STAWAG

HATCH BK

☐ AUTOMATIC

☒ NO

☐ PASSENGERS SIDE AIRBAG

☒ NO

☐ REAR

4 DR

VAN

☐ 3-POINT BELT

☐ 2-POINT BELT

☐ 4-WHEEL

2 DR

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TYPE INFORMATION ON BACK)

COMPONENT
CUT OFF

PART NAME(S)

FUEL; VEHICLE CRASH

LOCATION

☐ LEFT
☐ FRONT

☐ RIGHT
☐ REAR

FAILED PART(S)

☐ ORIGINAL
☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MANUFACTURER
CONTACTED

NHTSA PREVIOUSLY
CONTACTED

MILEAGE AT FAILURE(S)

☐ YES ☐ NO

☐ YES ☐ NO

VEHICLE SPEED AT FAILURE(S)

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☒ YES ☐ NO

FIRE

☐ YES ☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY
DAMAGE
EST.

POLICE REPORTED

☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)

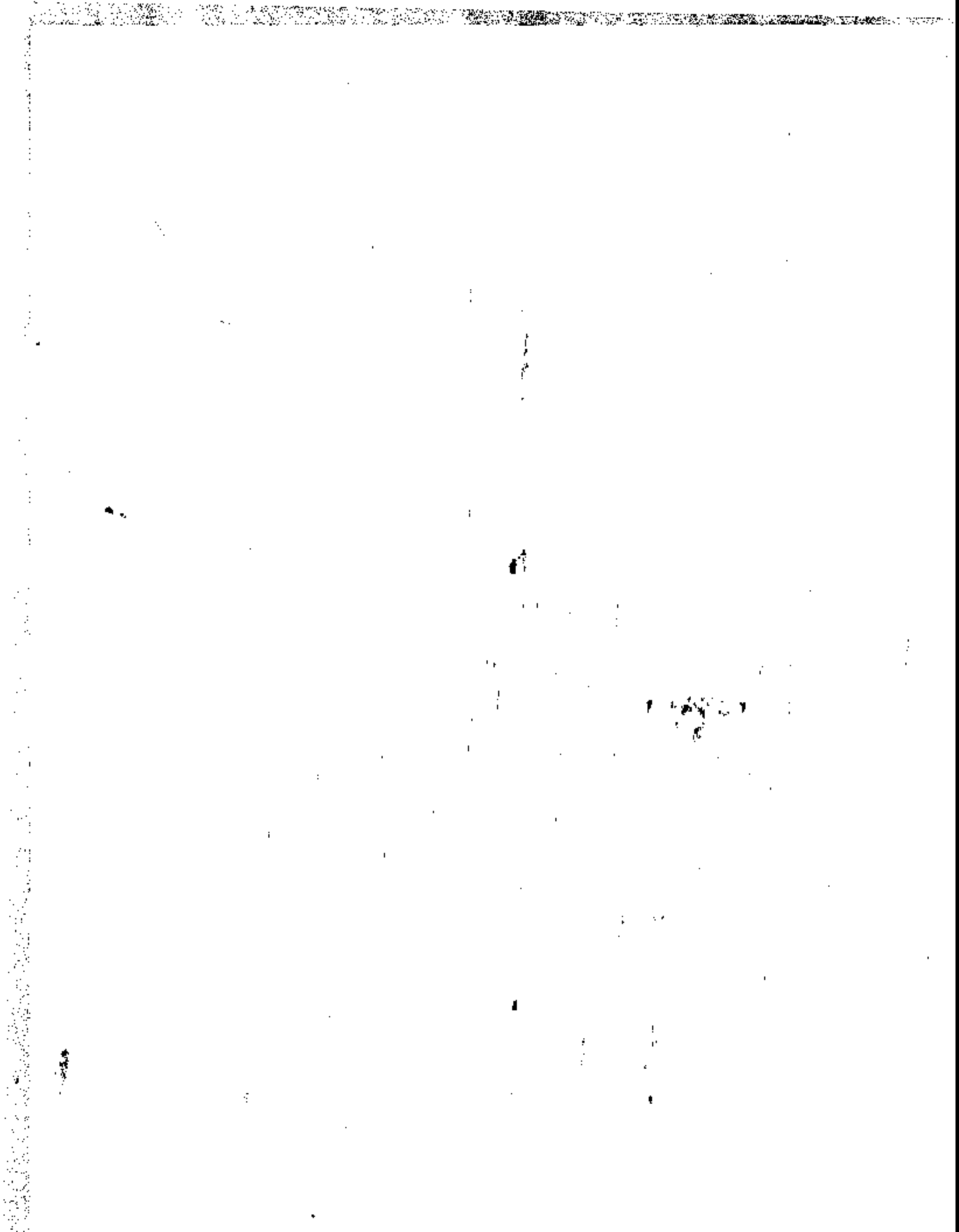
VEHICLE WAS IN A CRASH. CAR WAS HIT 4 TIMES AND THE CUT OFF SWITCH WOULD NOT WORK. *AK

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. The NHTSA proceeds with administrative enforcement of Federal motor vehicle safety laws only after your response or a statistical summary thereof may be used in support of the agency's action.



THE PHOENIX ACT OF 1974
COPY LEX 93-575

The Department of the Interior, Bureau of Land Management, is seeking to acquire approximately 1,000 acres of land in the State of Nevada. The land is located in the State of Nevada, and is being acquired for the purpose of establishing a new national monument. The land is being acquired from the State of Nevada, and is being acquired for the purpose of establishing a new national monument.

CONTINUE ON BACK IF NEEDED

CONSUMER WAS DRIVING DOWN HWY AND HOOD FLEW OPEN INTO THE WINDSHIELD. DEALER SAID THAT THERE WAS NOTHING WRONG WITH THE LATCHES. *AK

1. NARRATIVE DESCRIPTION OF FAILURE, ACCIDENTS, INJURIES)

[illegible]

APPLICABLE ACCIDENT INFORMATION

[illegible]

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT THE INFORMATION ON BACK)

ENGINE SIZE 1.6L 1.8L 2.0L 2.4L 2.8L 3.0L 3.5L 4.0L 4.6L 5.0L 5.7L 6.0L 6.6L 7.0L 7.3L 7.8L 8.0L 8.3L 8.7L 9.0L 9.3L 9.7L 10.0L 10.3L 10.6L 10.9L 11.0L 11.3L 11.6L 11.9L 12.0L 12.3L 12.6L 12.9L 13.0L 13.3L 13.6L 13.9L 14.0L 14.3L 14.6L 14.9L 15.0L 15.3L 15.6L 15.9L 16.0L 16.3L 16.6L 16.9L 17.0L 17.3L 17.6L 17.9L 18.0L 18.3L 18.6L 18.9L 19.0L 19.3L 19.6L 19.9L 20.0L 20.3L 20.6L 20.9L 21.0L 21.3L 21.6L 21.9L 22.0L 22.3L 22.6L 22.9L 23.0L 23.3L 23.6L 23.9L 24.0L 24.3L 24.6L 24.9L 25.0L 25.3L 25.6L 25.9L 26.0L 26.3L 26.6L 26.9L 27.0L 27.3L 27.6L 27.9L 28.0L 28.3L 28.6L 28.9L 29.0L 29.3L 29.6L 29.9L 30.0L 30.3L 30.6L 30.9L 31.0L 31.3L 31.6L 31.9L 32.0L 32.3L 32.6L 32.9L 33.0L 33.3L 33.6L 33.9L 34.0L 34.3L 34.6L 34.9L 35.0L 35.3L 35.6L 35.9L 36.0L 36.3L 36.6L 36.9L 37.0L 37.3L 37.6L 37.9L 38.0L 38.3L 38.6L 38.9L 39.0L 39.3L 39.6L 39.9L 40.0L 40.3L 40.6L 40.9L 41.0L 41.3L 41.6L 41.9L 42.0L 42.3L 42.6L 42.9L 43.0L 43.3L 43.6L 43.9L 44.0L 44.3L 44.6L 44.9L 45.0L 45.3L 45.6L 45.9L 46.0L 46.3L 46.6L 46.9L 47.0L 47.3L 47.6L 47.9L 48.0L 48.3L 48.6L 48.9L 49.0L 49.3L 49.6L 49.9L 50.0L 50.3L 50.6L 50.9L 51.0L 51.3L 51.6L 51.9L 52.0L 52.3L 52.6L 52.9L 53.0L 53.3L 53.6L 53.9L 54.0L 54.3L 54.6L 54.9L 55.0L 55.3L 55.6L 55.9L 56.0L 56.3L 56.6L 56.9L 57.0L 57.3L 57.6L 57.9L 58.0L 58.3L 58.6L 58.9L 59.0L 59.3L 59.6L 59.9L 60.0L 60.3L 60.6L 60.9L 61.0L 61.3L 61.6L 61.9L 62.0L 62.3L 62.6L 62.9L 63.0L 63.3L 63.6L 63.9L 64.0L 64.3L 64.6L 64.9L 65.0L 65.3L 65.6L 65.9L 66.0L 66.3L 66.6L 66.9L 67.0L 67.3L 67.6L 67.9L 68.0L 68.3L 68.6L 68.9L 69.0L 69.3L 69.6L 69.9L 70.0L 70.3L 70.6L 70.9L 71.0L 71.3L 71.6L 71.9L 72.0L 72.3L 72.6L 72.9L 73.0L 73.3L 73.6L 73.9L 74.0L 74.3L 74.6L 74.9L 75.0L 75.3L 75.6L 75.9L 76.0L 76.3L 76.6L 76.9L 77.0L 77.3L 77.6L 77.9L 78.0L 78.3L 78.6L 78.9L 79.0L 79.3L 79.6L 79.9L 80.0L 80.3L 80.6L 80.9L 81.0L 81.3L 81.6L 81.9L 82.0L 82.3L 82.6L 82.9L 83.0L 83.3L 83.6L 83.9L 84.0L 84.3L 84.6L 84.9L 85.0L 85.3L 85.6L 85.9L 86.0L 86.3L 86.6L 86.9L 87.0L 87.3L 87.6L 87.9L 88.0L 88.3L 88.6L 88.9L 89.0L 89.3L 89.6L 89.9L 90.0L 90.3L 90.6L 90.9L 91.0L 91.3L 91.6L 91.9L 92.0L 92.3L 92.6L 92.9L 93.0L 93.3L 93.6L 93.9L 94.0L 94.3L 94.6L 94.9L 95.0L 95.3L 95.6L 95.9L 96.0L 96.3L 96.6L 96.9L 97.0L 97.3L 97.6L 97.9L 98.0L 98.3L 98.6L 98.9L 99.0L 99.3L 99.6L 99.9L 100.0L 100.3L 100.6L 100.9L 101.0L 101.3L 101.6L 101.9L 102.0L 102.3L 102.6L 102.9L 103.0L 103.3L 103.6L 103.9L 104.0L 104.3L 104.6L 104.9L 105.0L 105.3L 105.6L 105.9L 106.0L 	
---	--

VEHICLE IDENTIFICATION NO.	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	GEO	STORM	1993

VEHICLE INFORMATION

DATE	SIGNATURE OF OWNER
------	--------------------

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.

1102 OHIO ST 1	LAWRENCE	KS	56044	913 / 49-5840
DAY TIME TELEPHONE NO. (AREA CODE)				

NAME AND ADDRESS	JENNIFER HEINEN
OWNER INFORMATION (TYPE OR PRINT)	1ST 6 Mar 1997
REFERENCE NO.	809757

 FEDERAL BUREAU OF INVESTIGATION DEPARTMENT OF JUSTICE		VEHICLE OWNER'S QUESTIONNAIRE AUTO SAFETY HOTLINE	
FOR AGENCY USE ONLY DATE RECEIVED _____		NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION 400 PENNSYLVANIA AVE., N.W. WASHINGTON, D.C. 20540	
od. or _____ n. or _____ od. n. _____ up. hr. _____		NATIONWIDE 1-800-424-9383 DC METRO AREA 202-358-0123	

FOR AGENCY USE ONLY DATE RECEIVED _____ REFERENCE NO. 119 6 Mar 1997 809758		VEHICLE OWNER'S QUESTIONNAIRE AUTO SAFETY HOTLINE NATIONWIDE 1-800-474-9393 DC METRO AREA 202-366-0125 National Highway Traffic Safety Administration	
DAY TIME TELEPHONE NO. (AREA CODE) 516-265-5222		OWNER INFORMATION (TYPE OR PRINT) NAME AND ADDRESS CHERYL MORNING 942 MICHAGN AVE BELLPORT NY 11713	
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 _____		VEHICLE IDENTIFICATION NO. JN1CA21D67T46014 VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996	

VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996		VEHICLE IDENTIFICATION NO. JN1CA21D67T46014	
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 _____		VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996	

VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996		VEHICLE IDENTIFICATION NO. JN1CA21D67T46014	
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 _____		VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996	

VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996		VEHICLE IDENTIFICATION NO. JN1CA21D67T46014	
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 _____		VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996	

VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996		VEHICLE IDENTIFICATION NO. JN1CA21D67T46014	
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 _____		VEHICLE INFORMATION VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1996	

ELECTRICAL SHORT IN THE WIRING UNDER THE PASSENGER'S SIDE MANUAL SEAT, CAUSED THE VEHICLE TO CATCH ON FIRE WHEN THE VEHICLE WAS IN THE OFF POSITION

***AK**

CONTINUE ON BACK IF NEEDED

Public Law 99-579
 104th Congress, 1st Session
 1995

It is requested that you provide a copy of this report to the manufacturer of your vehicle. If you are unable to do so, please provide a copy to the nearest NHTSA office. Your cooperation is appreciated.

Support of the agency's action

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE		FOR AGENCY USE ONLY	
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION		NATIONALWIDE 1-800-424-9393 DC METRO AREA 202-368-0123	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED 8 3 Mar 1997	
NAME and ADDRESS STEPHANIE CARLEY 54 RICHARDS AVE. ONEONTA NY 13820		REFERENCE NO. 809612	
		DAY TIME TELEPHONE NO. (AREA CODE) 607-431-1990	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.*		VEHICLE MAKE FORD TRUCK	VEHICLE MODEL AEROSTAR
		MODEL YEAR 1992	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/COIL)
	☐ NEW ☒ USED		☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTOR
TRANSMISSION TYPE ☒ MANUAL ☐ AUTOMATIC	ANTI LOCK BRAKES ☒ YES ☐ NO	HEADLAMP SYSTEM ☒ DRIVERSIDE AIRBAG ☐ VICTORBELT ☐ PASSENGERSIDE AIRBAG ☒ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☐ YES ☒ NO
		DRIVETRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL	BODY STYLE STAWAG ☐ HATCH BK ☒ 4 DR ☐ VAN 2 DR ☐ PK UP TRK OTHER ☐
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 1J400000	PART NAME(S) STRUCTURE: DOOR ASSEMBLY	LOCATION ☐ LEFT FRONT ☒ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 01-FEB-97	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 72		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
PROPERTY DAMAGE ESTS.			
POLICE REPORTED ☐ YES ☒ NO			
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
DOOR ASSEMBLY FAILURE, SLIDING DOOR WILL NOT OPEN FROM INSIDE OR OUTSIDE, IN FOR REPAIR, WILL PROVIDE REPAIR RECEIPT. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 Public Law 90-579 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.	



NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE

National Highway
Traffic Safety
Administration

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

119 28 Feb 1997

od. cur _____
od. dt _____
od. ft _____
up. ft _____

REFERENCE NO.

809534

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

LOUIS FONG LEE

924 HEMPSTEAD BLVD
NEW YORK

NY 11553

DAY TIME TELEPHONE NO. (AREA CODE)

212-354-6675

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

NISSAN

VEHICLE MODEL

MAXIMA

MODEL YEAR

1995

LOCATED AT BOTTOM OF WINDSHIELD OR DRIVER'S SIDE

CURRENT ODOMETER READING

DATE

PURCHASED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CC/L)

NO. CYLINDERS

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

☒ NEW ☐ USED

TRANSMISSION TYPE

☐ MANUAL

☐ AUTOMATIC

ANTI LOCK BRAKES

☐ YES

☒ NO

RESTRAINT SYSTEM

☐ DRIVERSIDE AIRBAG

☐ MOTORBELT

☐ PASSENGERSIDE AIRBAG

☐ 3-POINT BELT

☐ 2-POINT BELT

CRUISE CONTROL

☐ YES

☒ NO

DRIVETRAIN

☐ FRONT

☐ REAR

☐ 4-WHEEL

BODY STYLE

STAWAG

4 DR

2 DR

HATCH BK

VAN

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

12111000

PART NAME(S)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR
BAG: DRIVER

LOCATION

☐ LEFT
FRONT

☐ RIGHT
REAR

FAILED PART(S)

☐ ORIGINAL
REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

01-NOV-96

MILEAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER
CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY
CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☒ YES

☐ NO

FIRE

☐ YES

☒ NO

NUMBER PERSONS INJURED

1

NUMBER OF FATALITIES

0

PROPERTY
DAMAGE
FSTS

0

POLICE REPORTED

☐ YES

☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURIES(S)

CONSUMER WAS INVOLVED IN A SIDE IMPACT COLLISION, IMPACT 3:00, WHILE TRAVELING 40 TO 45 MPH AND THE DRIVER'S AND PASSENGER'S SIDE AIR BAGS DEPLOYED CAUSING SERIOUS INJURIES TO OCCUPANT. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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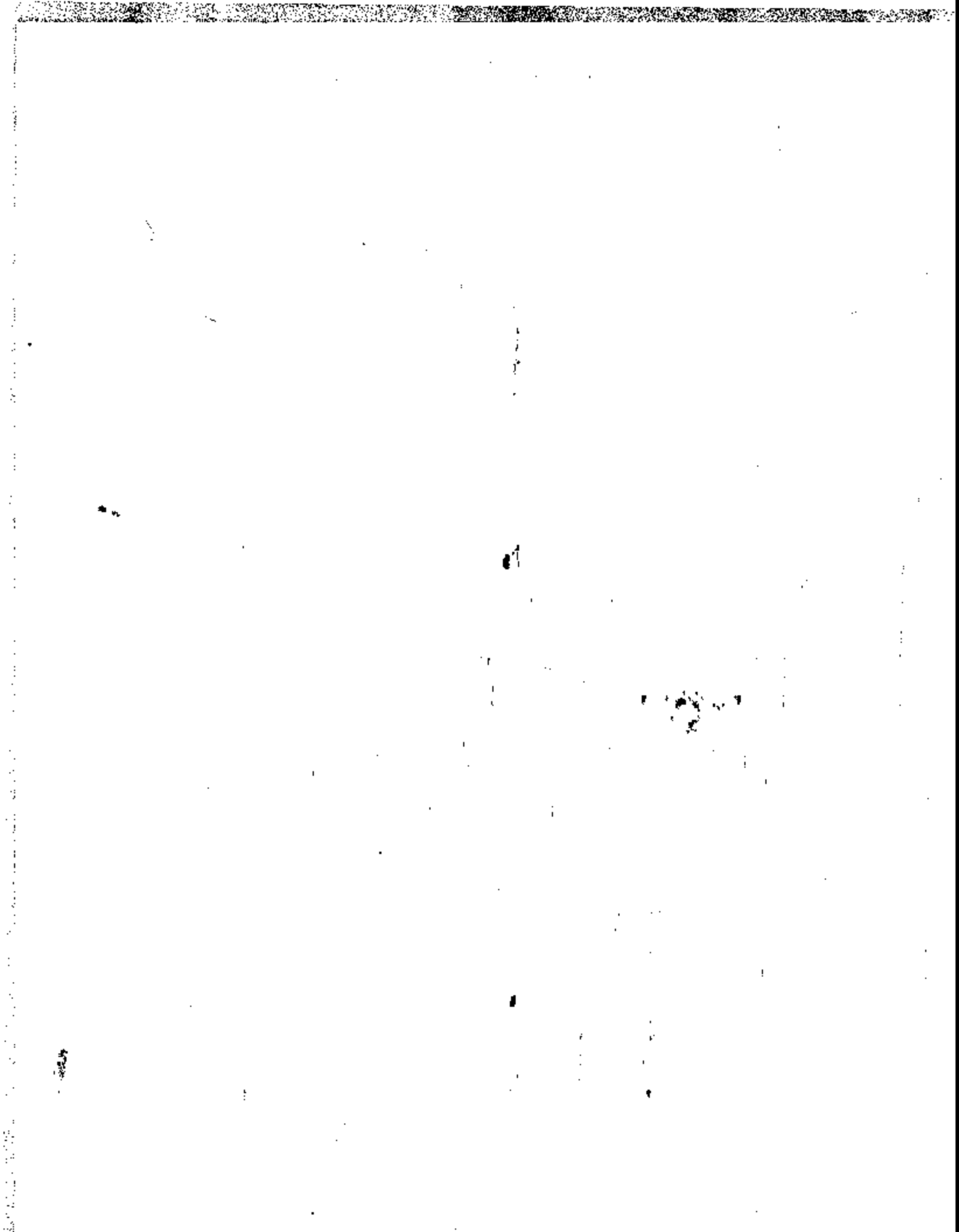
be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

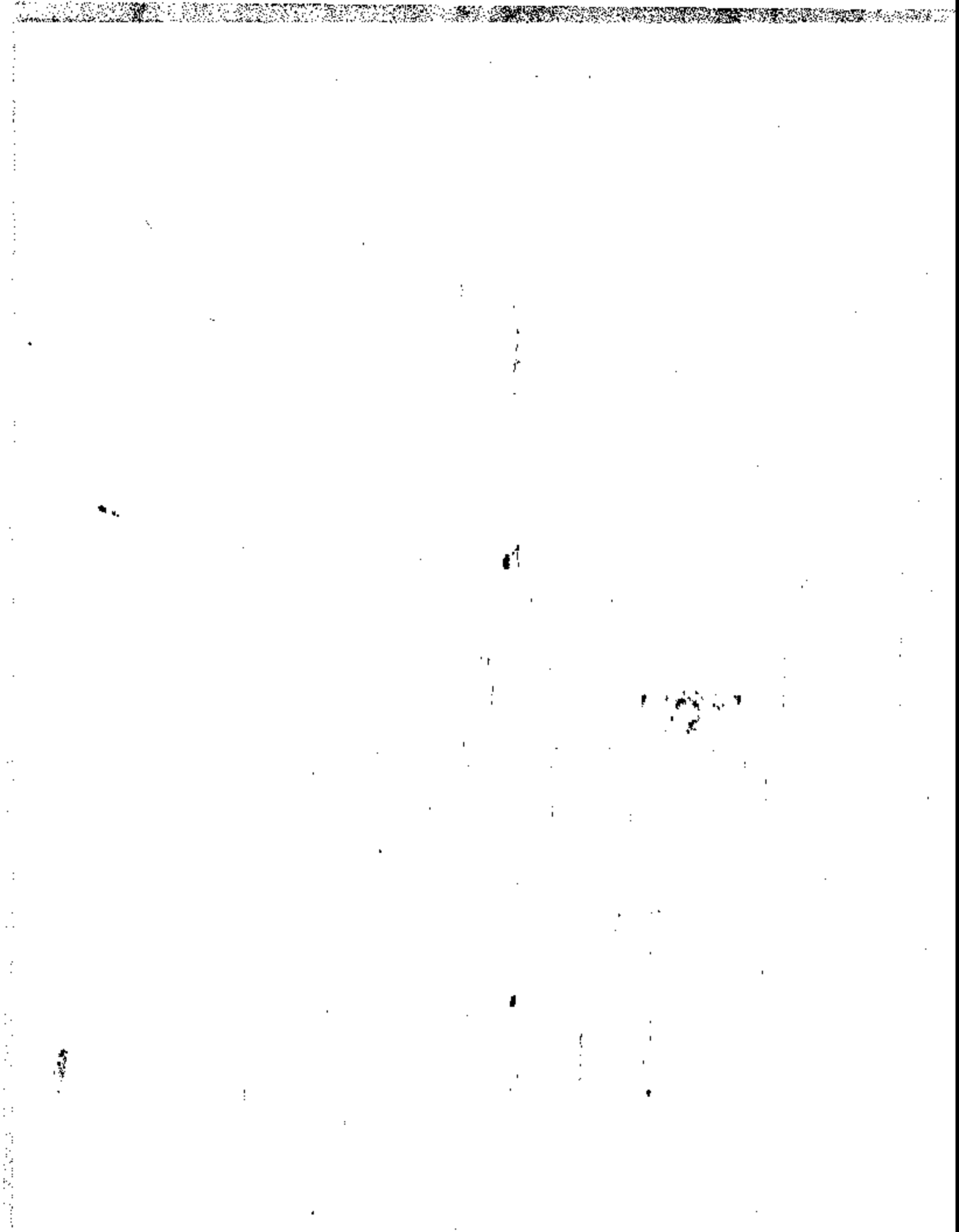
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123				FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS AL MULLINS 256 HIGHWAY 279 FATETTEVILLE GA 30214				DATE RECEIVED 141 3 Mar 1997	
				od-or fl-dt ☒ od-fl ☐ up-ltr ☐ REFERENCE NO. 805582	
				DAY TIME TELEPHONE NO. (AREA CODE)	
				770-461-6024	
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	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO. 1LNLM92V6VY616773		VEHICLE MAKE LINCOLN		VEHICLE MODEL MARK VIII	
				MODEL YEAR 1997	
LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READING 4	DATE PURCHASED ☐ NEW ☒ USED	DEALER'S NAME, CITY & STATE		ENGINE SIZE (CID/CC/L)	☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC	ANTI-LOCK BRAKES ☒ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☒ YES ☐ NO	DRIVE SHAFT ☐ FRONT ☒ REAR ☐ 4-WHEEL	BODY STYLE STAWAG ☐ HATCH BK ☐ 4 DR ☐ VAN ☐ 2 DR ☐ PK UP TRK ☐ OTHER ☐
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIME INFORMATION ON BACK)					
COMPONENT 03250000	PART NAME(S) BRAKES;HYDRAULIC;ANTI-SKID SYSTEM	LOCATION ☒ LEFT FRONT ☐ RIGHT REAR		FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT	
NO. OF FAILURES	DATE(S) OF FAILURE(S) 27-FEB-97	MANUFACTURER CONTACTED YES ☐ NO ☐		NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO	
	MILEAGE AT FAILURE(S) 5000				
	VEHICLE SPEED AT FAILURE(S)				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE \$ \$ \$	POLICE REPORTED YES ☐ NO ☒
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES):					
PEDAL WENT ALL THE WAY TO THE FLOOR AND THERE WERE NO BRAKES AT ALL. PULLED OVER TO CHECK THERE WERE 2 PIECES OF BRAKE TUBING DRAGGING AND PROTRUDING, THEY WERE SEVERED IN HALF. *AK					
CONTINUE ON BACK IF NEEDED					

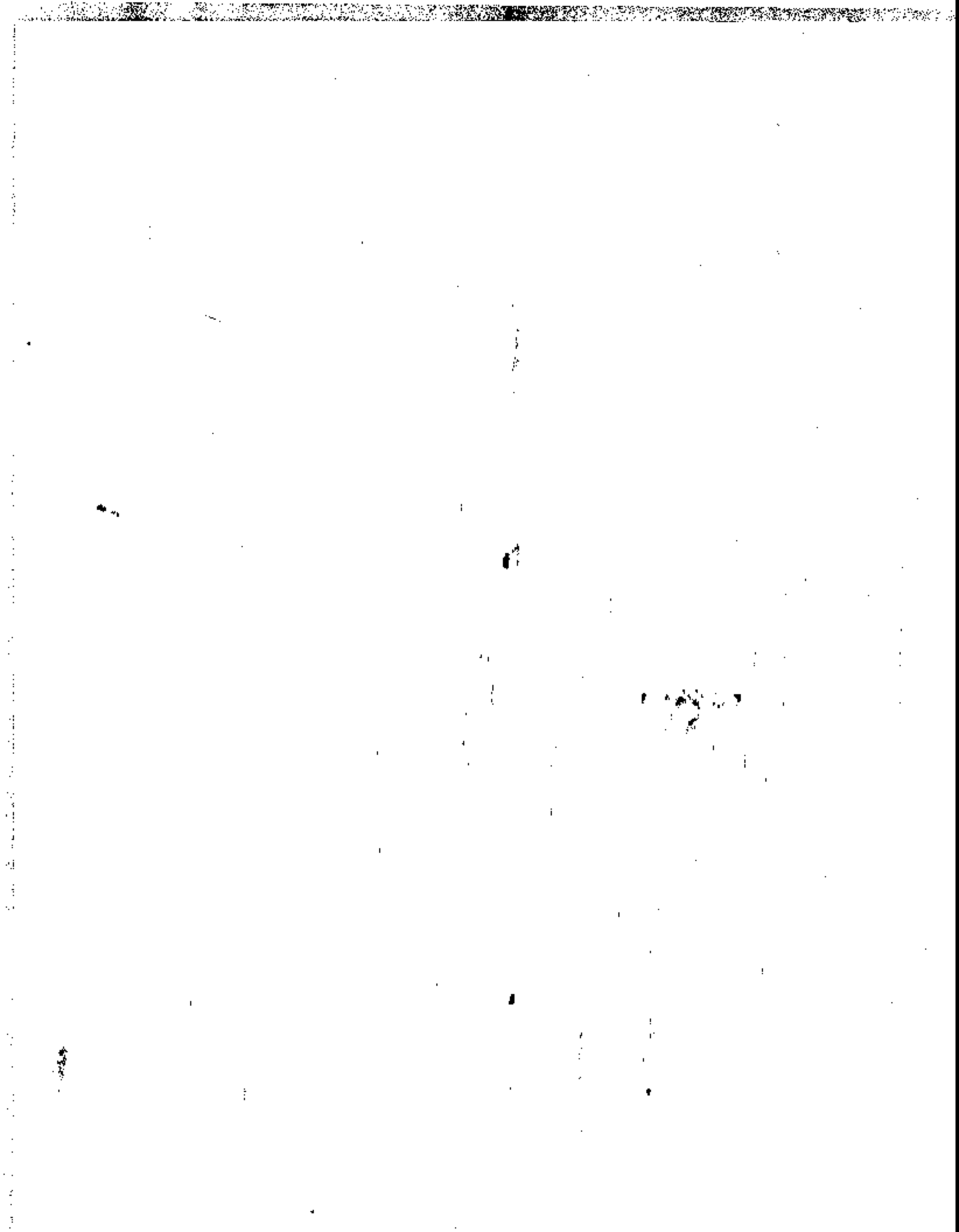
The Privacy Act of 1974
Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 155 17 Mar 1997 REFERENCE NO. 810099 DAY TIME TELEPHONE NO. (AREA CODE)	
OWNER INFORMATION (TYPE OR PRINT)			
NAME and ADDRESS JAMES SMITH 1145 W BOSTON AVE RIDGECREST CA 93555			
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1B7FI26Y7SW922873		VEHICLE MAKE DODGE TRUCK	VEHICLE MODEL DAKOTA
VEHICLE YEAR 1995			
CURRENT ODOMETER READING 		DATE PURCHASED ☐ NEW ☒ USED	
DEALER'S NAME, CITY & STATE 		ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN	
NO. CYLINDERS 			
TRANSMISSION TYPE ☒ MANUAL ☐ AUTOMATIC	ANTILOCK BRAKES ☐ YES ☒ NO	RESTRAINT SYSTEM ☒ DRIVERSIDE AIRBAG ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☒ 2-POINT BELT	CRUISE CONTROL ☐ YES ☒ NO
DRIVE TRAIN ☐ FRONT ☒ REAR ☐ 4-WHEEL	HOOD STYLE STAWAG 4 DR 2 DR ☐ HATCH BK ☐ VAN ☐ PICK UP TRK ☐ OTHER		
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT *2111030	PART NAME(S) INTERIOR SYSTEMS/PASSIVE RESTRAINT/AIR BAG/DRIVER	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 22-APR-96	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
MILEAGE AT FAILURE(S) 38		VEHICLE SPEED AT FAILURE(S)	
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☒ YES ☐ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED 1	NUMBER OF FATALITIES 0
PROPERTY DAMAGE ESTS		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) OWNER WAS DRIVING ON HIGHWAY AND HIT A WALL. AIR BAG DIDN'T DEPLOY. *AK			
CONTINUE ON BACK IF NEEDED			

The Privacy Act of 1974
Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY							
OWNER INFORMATION (TYPE OR PRINT) _____ NAME AND ADDRESS JOHN IVERSON W 456 YOUTH RD. MONDOVI WI 54755		DATE RECEIVED 196 18 Mar 1997	DO, OF _____ FL, ST _____ OD, RT ☒ _____ UD, LR _____ REFERENCE NO. 810100						
		DAY TIME TELEPHONE NO. (AREA CODE) _____ 715 926 3497							
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							
VEHICLE INFORMATION									
VEHICLE IDENTIFICATION NO. 1GKFK16K9PJ740464	VEHICLE MAKE GMC	VEHICLE MODEL SUBURBAN	MODEL YEAR 1993						
MILEAGE AT BOTTOM OF WINDSHIELD OR DRIVER'S SIDE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>								DATE PURCHASED _____ ☐ NEW ☒ USED DEALER'S NAME, CITY & STATE _____ ENGINE SIZE (CID/CC/L) _____ NO. CYLINDERS _____ ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTI-LOCK BRAKES ☐ YES ☒ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☒ 2-POINT BELT	CRUISE CONTROL ☐ YES ☒ NO						
DRIVE TRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL		BODY STYLE STAWAG _____ 4 DR _____ 2 DR _____ HATCH BK _____ VAN _____ PK UP TRK _____ OTHER _____							
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)									
COMPONENT C7460000	PART NAME(S) POWER TRAIN/AXLE ASSEMBLY	LOCATION ☐ LEFT FRONT ☐ RIGHT FRONT ☐ LEFT REAR ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT						
NO. OF FAILURES	DATE(S) OF FAILURE(S) 08-FEB-97 MILEAGE AT FAILURE(S) 64000 VEHICLE SPEED AT FAILURE(S) _____		MANUFACTURER CONTACTED ☐ YES ☐ NO NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO						
APPLICABLE ACCIDENT INFORMATION									
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____						
PROPERTY DAMAGE ESTS _____		POLICE REPORTED ☐ YES ☒ NO							
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)									
WHILE DRIVING 35MPH THE REAR AXLE FELL OFF THE VEHICLE, CAUSING THE WHEELS TO SEPARATE. *AK									
CONTINUE ON BACK IF NEEDED									

The Privacy Act of 1974
Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 18 Mar 1997 REFERENCE NO. 810101	
OWNER INFORMATION (TYPE OR PRINT) NAME AND ADDRESS SHARON HOLLEY 45 MIDDLE FIELD GROTON CT 06340		DAY TIME TELEPHONE NO. (AREA CODE) 860-572-7921 860-536-6960	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1J4G258S5VC504115		VEHICLE MAKE JEEP	
VEHICLE MODEL CHEROKEE		MODEL YEAR 1997	
VEHICLE PURCHASED AT (LOCATION OF WINDSHIELD OR DRIVER'S SIDE) COMPUTER READING DATE PURCHASED ☒ NEW ☐ USED		DEALER'S NAME, CITY & STATE ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN NO. CYLINDERS	
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC	AIR LOCK BRAKES ☒ YES ☐ NO	RESTRAINT SYSTEM ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☒ 3-POINT BELT ☐ 2-POINT BELT	DRIVE SHAFT CONTROL ☐ YES ☒ NO
DRIVE SHAFT ☐ FRONT ☐ REAR ☐ 4-WHEEL		BODY STYLE STAWAG 4 DR 2 DR ☒ HATCH BK VAN PK UP TRK OTHER	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT ID120000	PART NAME(S) VISUAL SYSTEMS: GLASS: WINDOW: DOOR AND SIDE	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 8	DATE(S) OF FAILURE(S) 09-MAR-97 MILEAGE AT FAILURE(S) 8 VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
PROPERTY DAMAGE EST.		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
ON NORMAL WEATHER CONDITIONS, WHEN ENTERING THE VEHICLE AND CLOSING THE FRONT PASSENGER SIDE FRONT DOOR, THE REAR QUARTER PANEL WINDOW ON THE DRIVER'S SIDE EXPLODED. *AK			

CONTINUE ON BACK IF NEEDED

 The Privacy Act of 1974
 Public Law 93-579

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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 an investigation, your name and/or location against a manufacturer's response, or a statistical summary thereof, may be used in support of the agency's action.

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-358-0123		FOR AGENCY USE ONLY DATE RECEIVED 141 18 Mar 1997 DAY TIME TELEPHONE NO. (AREA CODE)	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS RICHARD HARRIS 1018 WALLER RD BRENTWOOD TN 37027		REFERENCE NO. 810102	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1NKNGQ1DQ5MB06838		VEHICLE MAKE INFINITI	
VEHICLE MODEL Q45		MODEL YEAR 1995	
CURRENT ODOMETER READING DATE PURCHASED ☐ NEW ☒ USED		DEALER'S NAME, CITY & STATE ENGINE SIZE (CID/CYL) NO. CYLINDERS ☐ TURBO ☐ DIESEL ☒ GAS ☐ FUEL INJECTN	
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC	ANTILOCK BRAKES ☒ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☒ YES ☐ NO
DRIVE TRAIN ☐ FRONT ☒ REAR ☐ 4-WHEEL		BODY STYLE 2-DOOR ☐ HATCH BK 4-DOOR ☐ VAN 2-DOOR ☐ PK UP TRK OTHER ☐	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 13730000	PART NAME(S) STRUCTURE: HOOD ASSEMBLY LATCHES	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 19-DEC-96 MILEAGE AT FAILURE(S) 19000 VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INVOLVED 1	NUMBER OF FATALITIES 0
PROPERTY DAMAGE EST. \$0		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES) HOOD: WHILE DRIVING ON EXPRESSWAY APPROXIMATELY 60MPH THE HOOD FLEW UP ON VEHICLE. TOOK CAR IN FOR REPAIRS AND DEALER SAID NEITHER THE REGULAR OR SAFETY LOCK WAS WORKING. *AK			
CONTINUE ON BACK IF NEEDED			

The Privacy Act of 1974
 Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 OC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 115 18 Mar 1997 REFERENCE NO. 810103	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS KIM MANFREDI 1325 TEABROOK CT. RALEIGH NC 27610		DAY TIME TELEPHONE NO. (AREA CODE) 919-231-3291	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 2FDMA5147SBC18592		VEHICLE MAKE FORD TRUCK	
VEHICLE MODEL WINDSTAR		MODEL YEAR 1995	
LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING [] [] [] [] [] [] [] [] [] []		DATE PURCHASED ☒ NEW ☐ USED	
DEALER'S NAME, CITY & STATE [] [] [] [] [] [] [] [] [] []		ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	
NO. CYLINDERS ☐ 4 ☐ 6 ☐ 8		BODY STYLE STAWAG 4 DR 2 DR HATCH BK VAN PK UP TRK OTHER	
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC		ANTILOCK BRAKES ☒ YES ☐ NO	
RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ MOTORBELT ☐ 3-POINT BELT		CRUISE CONTROL ☐ YES ☒ NO	
DRIVETRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL		BODY STYLE STAWAG 4 DR 2 DR HATCH BK VAN PK UP TRK OTHER	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 03250000	PART NAME(S) BRAKES-HYDRAULIC ANTI-SKID SYSTEM	LOCATION ☒ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 23	DATE(S) OF FAILURE(S) [] [] [] [] [] [] [] [] [] [] MILEAGE AT FAILURE(S) 23 VEHICLE SPEED AT FAILURE(S) [] [] [] [] [] [] [] [] [] []	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED [] [] [] [] [] [] [] [] [] []	NUMBER OF FATALITIES [] [] [] [] [] [] [] [] [] []
PROPERTY DAMAGE EST. [] [] [] [] [] [] [] [] [] []		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
UPON MAKING A STOP ON WET OR DRY PAVEMENT CONSUMER NOTICED MALFUNCTIONING OF THE ABS BRAKES. RESULTING IN BRAKES FADING AWAY/EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED THE DEALER. DEALER UNABLE TO FIND PROBLEM. *AK			
CONTINUE ON BACK IF NEEDED			

The Privacy Act of 1974
 Public Law 93-579

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NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
CC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

151 18 Mar 1997

od. of
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od. n
up. n

REFERENCE NO.

810104

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

SHEILA MARION

7522 STEPHENS ST.

CENTER LANE MI 48015

DAY TIME TELEPHONE NO. (AREA CODE)

810 759-4232

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

VEHICLE MODEL

MODEL YEAR

FORD TRUCK

F150

1997

VEHICLE IDENTIFICATION NO.

DATE

VEHICLE MAKE, CITY & STATE

PURCHASED

☐ NEW ☒ USED

ENGINE SIZE
(CID/CC/L)

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

NO. CYLINDERS

TRANSMISSION TYPE

ANTI LOCK BRAKES

RESTRAINT SYSTEM

CRUISE CONTROL

DRIVETRAIN

BODY STYLE

HATCH BK

VAN

PK UP TRK

OTHER

☐ MANUAL

☐ AUTOMATIC

☐ YES

☒ NO

☐ DRIVERSIDE AIRBAG ☐ MOTORBELT

☐ PASSENGERSIDE AIRBAG

☐ 3-POINT BELT ☐ 2-POINT BELT

☐ YES

☒ NO

☐ FRONT

☐ REAR

☐ 4-WHEEL

STAWAG

4 DR

2 DR

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

CUT OFF

PART NAME(S)

FUEL VEHICLE CRASH

LOCATION

☐ LEFT FRONT

☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL

☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☒ YES ☐ NO

FIRE

☐ YES ☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE COSTS

☐ YES ☒ NO

POLICE REPORTED

☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)

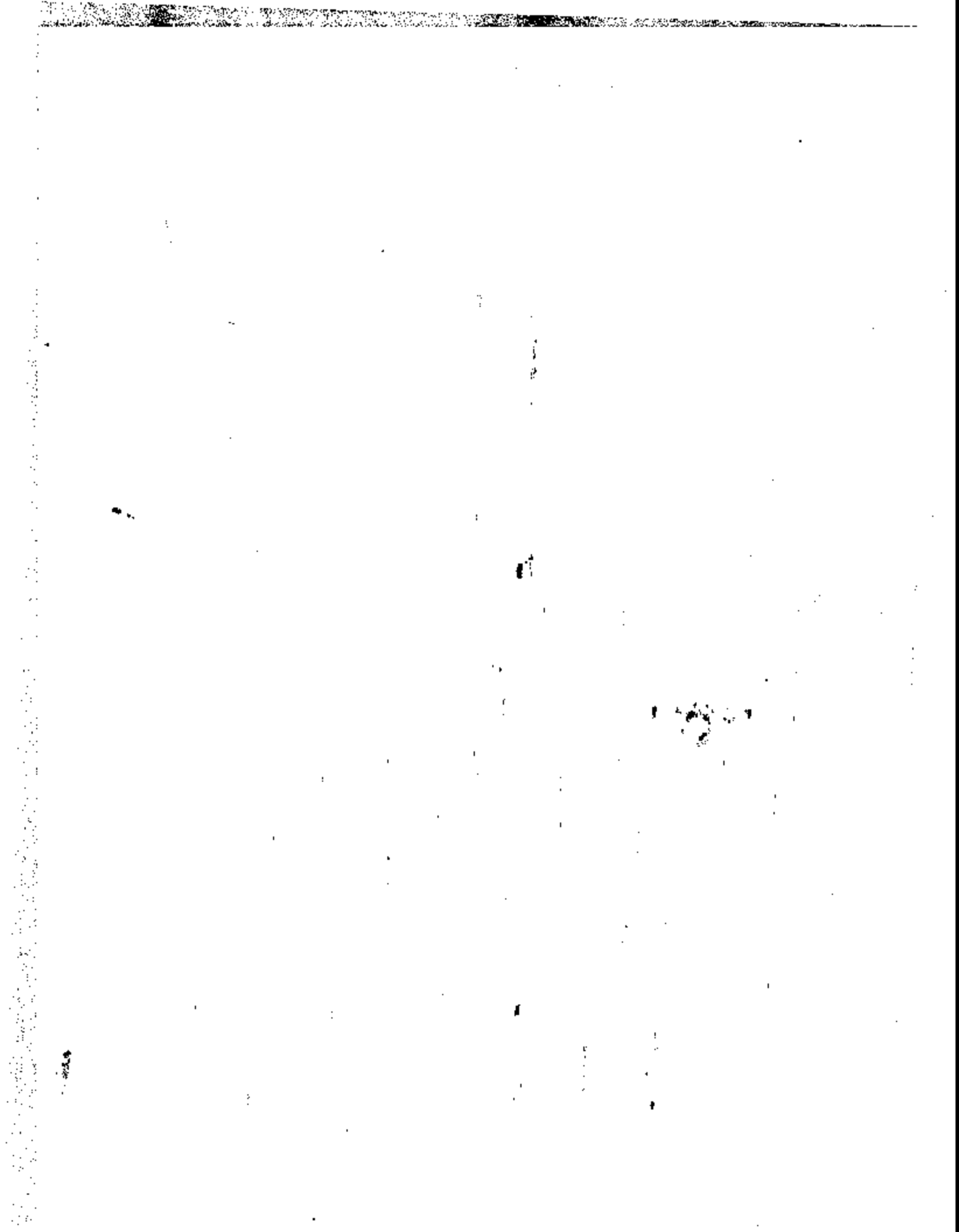
VEHICLE WAS IN A CRASH. CAR WAS HIT 4 TIMES AND THE CUT OFF SWITCH WOULD NOT WORK. *AK

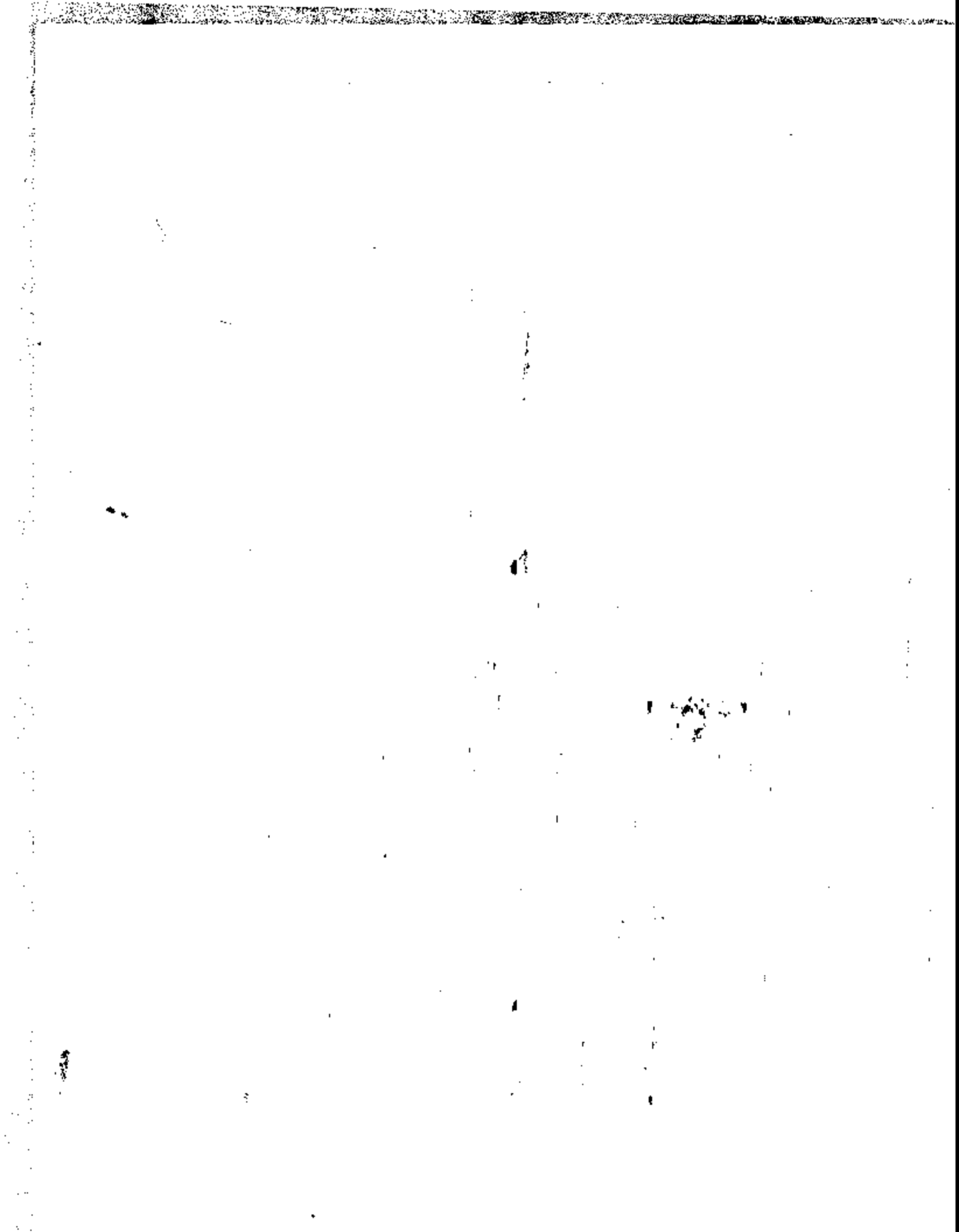
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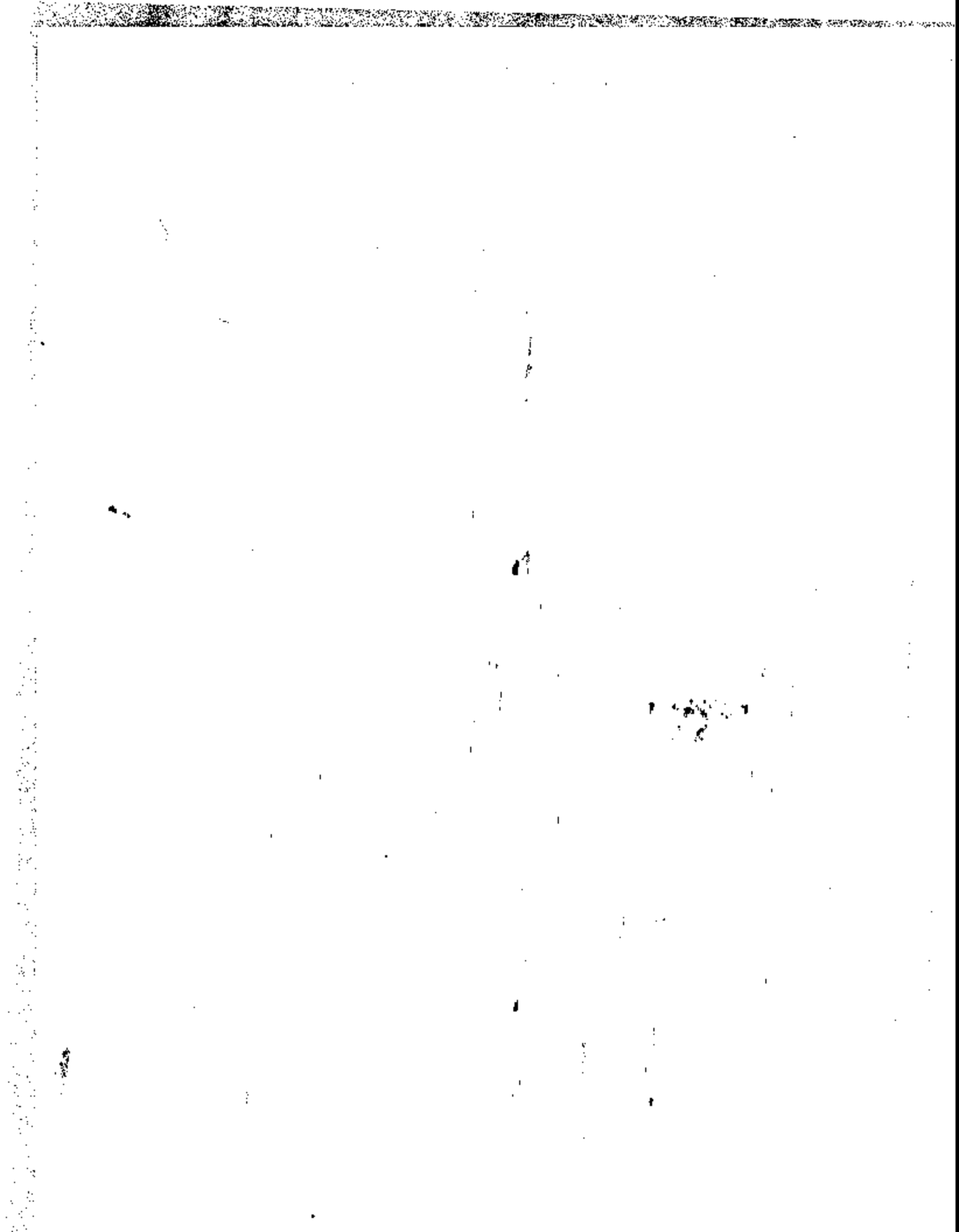
The Privacy Act of 1974
Public Law 93-579

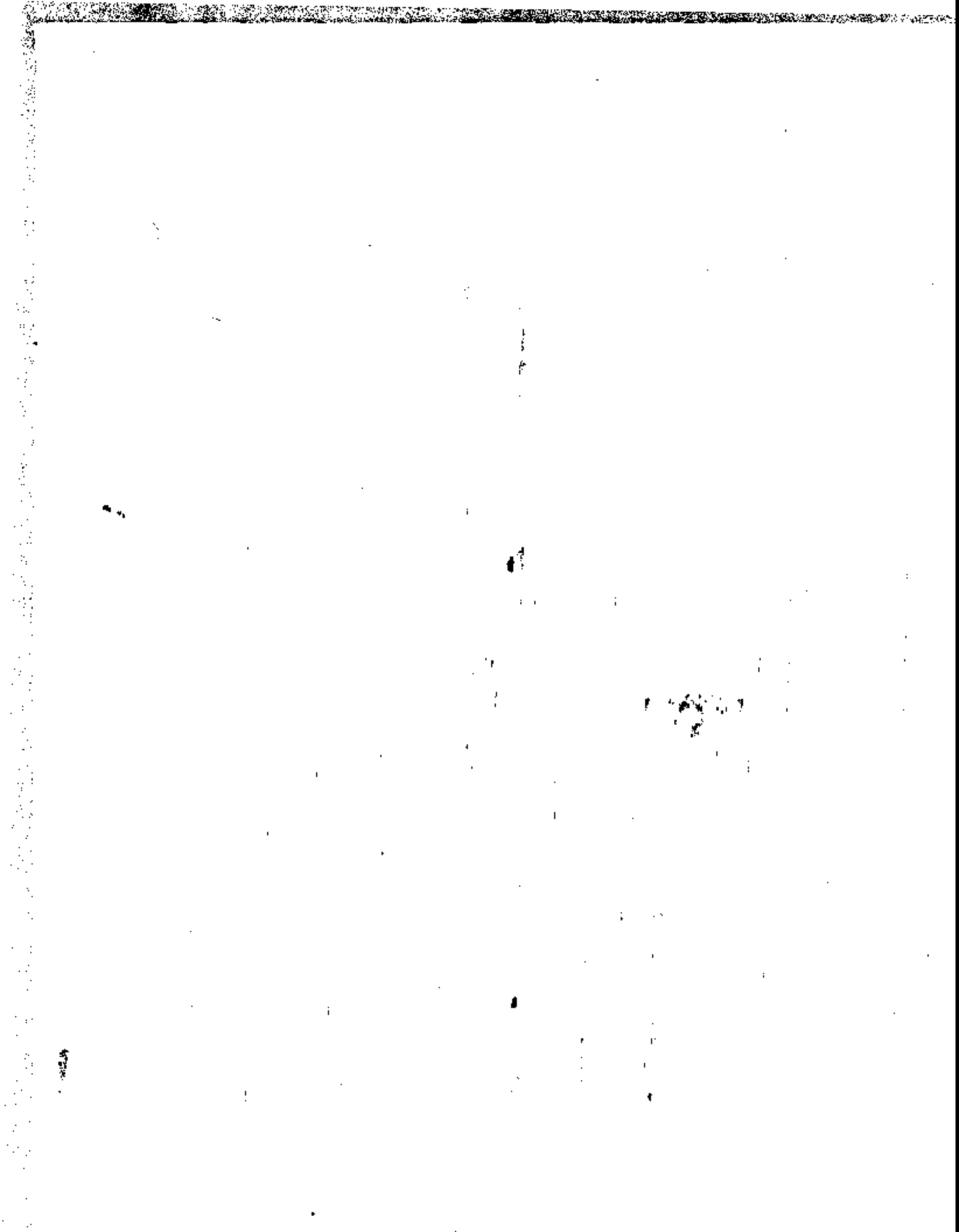
This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are not required to respond to this questionnaire, and your response may

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 non-punitive enforcement or if you do not a manufacturer, your response, or a statistical summary, report, may be used in support of the agency's action.









 VEHICLE OWNER'S QUESTIONNAIRE AUTO SAFETY HOTLINE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-368-0123		OWNER INFORMATION (TYPE OR PRINT) NAME AND ADDRESS JENNIFER HEINEN 1102 OHIO ST 1 LAWRENCE KS 66044	
DATE RECEIVED od. or _____ it. or _____ od. or _____ up. or _____ REFERENCE NO. 151		DAY TIME TELEPHONE NO. (AREA CODE) 809757	
FOR AGENCY USE ONLY DATE RECEIVED 6 Mar 1997 REFERENCE NO. 151		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 _____		VEHICLE IDENTIFICATION NO. _____ VEHICLE MAKE GEO VEHICLE MODEL STORM MODEL YEAR 1993	

CURRENT OWNER'S NAME _____ PURCHASED DATE _____ USED ☒ NEW ☐		ENGINE SIZE (CID/CYL) _____ NO. CYLINDERS _____ FUEL INJECT ☐ GAS ☐ DIESEL ☐ TURBO ☐	
TRANSMISSION TYPE AUTOMATIC ☐ MANUAL ☒		ANT LOCK BRAKES (CONSTANT SYSTEM) YES ☒ NO ☐	
DRIVER'S SIDE FRONT ☐ REAR ☐		PASSENGER'S SIDE FRONT ☐ REAR ☐	
BODY STYLE HATCH BK ☐ VAN ☐ PK UP TRK ☐ OTHER ☐		AIR BAGS DRIVER'S SIDE ☐ PASSENGER'S SIDE ☐	
SEATBELT FRONT ☐ REAR ☐		SEATBELT FRONT ☐ REAR ☐	

COMPONENT 13730000 PART NAME(S) STRUCTURE/HOOD ASSEMBLY/LATCHES LOCATION LEFT ☒ RIGHT ☐ REAR ☐		NO. OF FAILURES _____ DATE(S) OF FAILURE(S) _____ MILEAGE AT FAILURE(S) _____ VEHICLE SPEED AT FAILURE(S) _____	
APPLICABLE ACCIDENT INFORMATION ACCIDENT YES ☐ NO ☒		FIRE YES ☐ NO ☒	
NUMBER PERSONS INJURED _____ NUMBER OF FATALITIES _____ PROPERTY DAMAGE YES ☐ NO ☒		NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) _____	

CONSUMER WAS DRIVING DOWN HWY AND HOOD FLEW OPEN INTO THE WINDSHIELD. DEALER SAID THAT THERE WAS NOTHING WRONG WITH THE LATCHES. *AK	
---	--

THIS IS A COPY OF THE NHTSA FORM 935-579 PUBLIC LAW 93-579 1974 ACT OF 1974 NHTSA FORM 935-579 THIS FORM IS REQUESTED PURSUANT TO AUTHORITY VESTED IN THE NHTSA UNDER THE SAFETY ACT AND SUBSEQUENT REAUTHORIZATIONS. YOU ARE NOT BEING ASKED 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 ACTION, YOU WILL BE NOTIFIED BY MAIL. YOUR RESPONSE, OR A STATEMENT THAT IT MAY BE USED IN SUPPORT OF THE AGENCY'S ACTION.	
--	--

CONTINUE ON BACK IF NEEDED

**VEHICLE OWNER'S QUESTIONNAIRE**NATIONWIDE 1-800-424-9393
DC METRO AREA 202-358-6123National Highway
Traffic Safety
Administration

OWNER INFORMATION (TYPE OR PRINT)

AVE AND ADDRESS

CHERYL

MORNING

942 MICHAGN AVE

BELLPORT

NY

11713

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

1N1CA21D6TT46014

VEHICLE MAKE

NISSAN

VEHICLE MODEL

MAXIMA

MODEL YEAR

1996

CURRENT LICENSE PLATING

DATE

PURCHASED

NEW ☒ USED ☐

DEALER'S NAME CITY & STATE

ENGINE SIZE

(CID/CC/L)

TURBO

DIESEL

GAS

FUEL INJECTN

TRANSMISSION TYPE

MANUAL

AUTOMATIC

ANTILOCK BRAKES, REFRIGRANT SYSTEM

YES ☐ NO ☒

PASSENGER SIDE AIRBAG

NO ☐ YES ☒

2-POINT BELT

NO ☐ YES ☒

4-WHEEL

STEERING

FRONT

REAR

BODY STYLE

HATCH BK

VAN

TRUCK

OTHER

COMPONENT

08310000

PART NAME(S)

ELECTRICAL

SYSTEM: WIRING; HARNESS: FRONT; UNDERHOOD

LOCATION

LEFT

RIGHT

REAR

ORIGINAL

REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

03-MAR-97

MILEAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

APPLICABLE ACCIDENT INFORMATION

PERSONAL

FBI

YES ☒ NO ☐

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY

POLICE REPORTED

YES ☐ NO ☒**NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)****ELECTRICAL SHORT IN THE WIRING UNDER THE PASSENGER'S SIDE MANUAL SEAT,****CAUSED THE VEHICLE TO CATCH ON FIRE WHEN THE VEHICLE WAS IN THE OFF POSITION.*****AK**

CONTINUE ON BACK IF NEEDED

Public Law 93-579
The Privacy Act of 1974

This document is released pursuant to authority vested in the National Highway Traffic Safety Administration. You are not bound by this document in respect to this questionnaire. Your response may be used by the agency to which it is submitted.

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A 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

FOR AGENCY USE ONLY

DATE RECEIVED

8 3 Mar 1997

od. lot
n. di
od. n
up. hr

REFERENCE NO.

809612

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

STEPHANIE CARLEY

54 RICHARDS AVE.
ONEONTA

NY 13820

DAY TIME TELEPHONE NO. (AREA CODE)

607-431-1990

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

FORD TRUCK

VEHICLE MODEL

AEROSTAR

MODEL YEAR

1992

LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING

DATE

PURCHASED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CCL)

NO. CYLINDERS

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN.

TRANSMISSION TYPE

☒ MANUAL

☐ AUTOMATIC

ANTILOCK BRAKES

☒ YES

☐ NO

RESTRAINT SYSTEM

☒ DRIVER'S SIDE AIRBAG ☐ MOTORBELT

☐ PASSENGER'S SIDE AIRBAG

☒ 3-POINT BELT

☐ 2-POINT BELT

CRUISE CONTROL

☐ YES

☒ NO

DRIVE SHAFT

☐ FRONT

☐ REAR

☐ 4 WHEEL

BODY STYLE

3/4 TON

4 DR

2 DR

HATCH BK

VAN

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

13400000

PART NAME(S)

STRUCTURE: DOOR ASSEMBLY

LOCATION

☐ LEFT FRONT ☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

01-FEB-97

MILEAGE AT FAILURE(S)

72

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☐ YES ☒ NO

FIRE

☐ YES ☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE
FSTS

POLICE REPORTED

☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

DOOR ASSEMBLY FAILURE, SLIDING DOOR WILL NOT OPEN FROM INSIDE OR OUTSIDE, IN FOR REPAIR, WILL PROVIDE REPAIR RECEIPT. *AK

CONTINUE ON BACK IF NEEDED

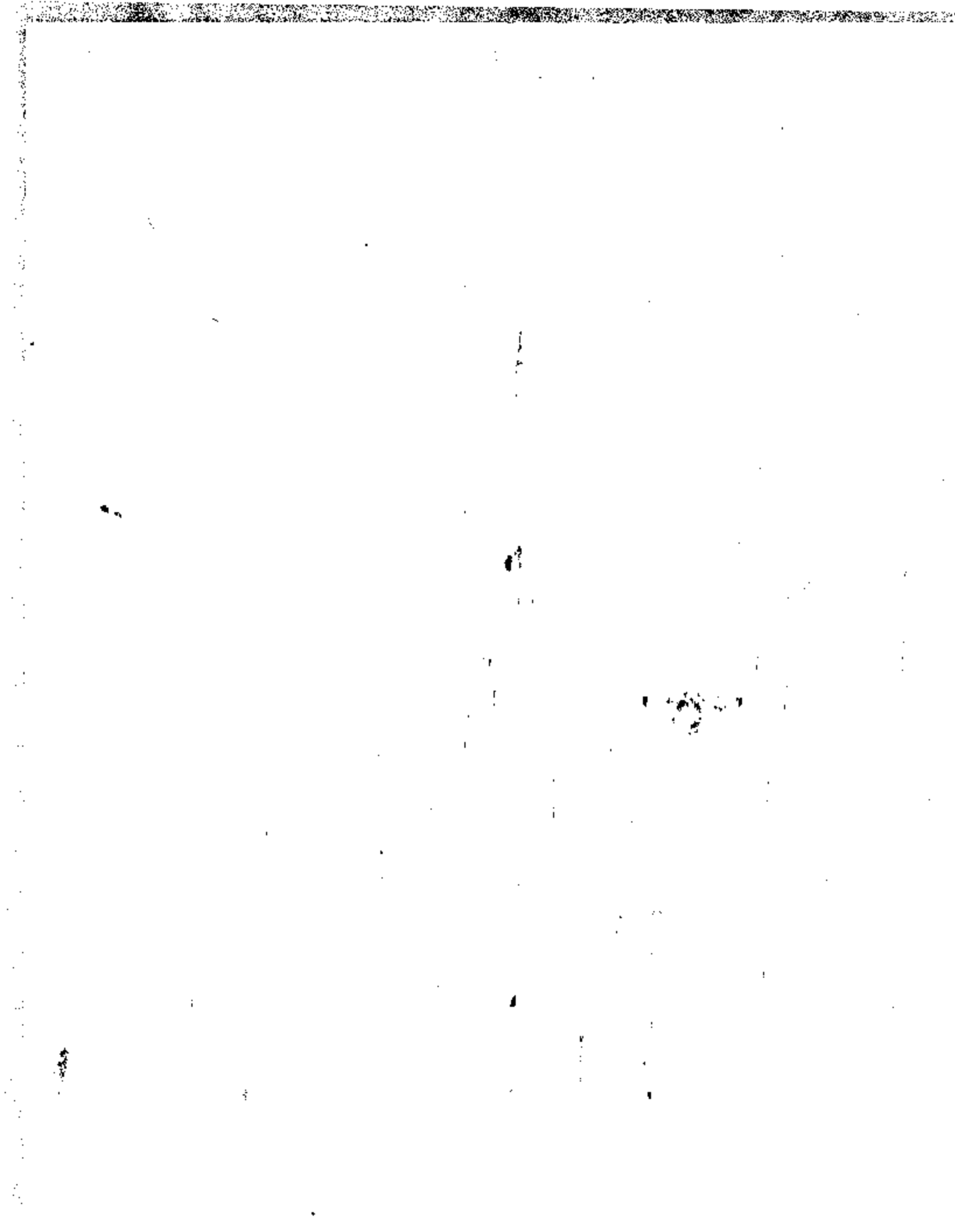
The Privacy Act of 1974
Public Law 93-579

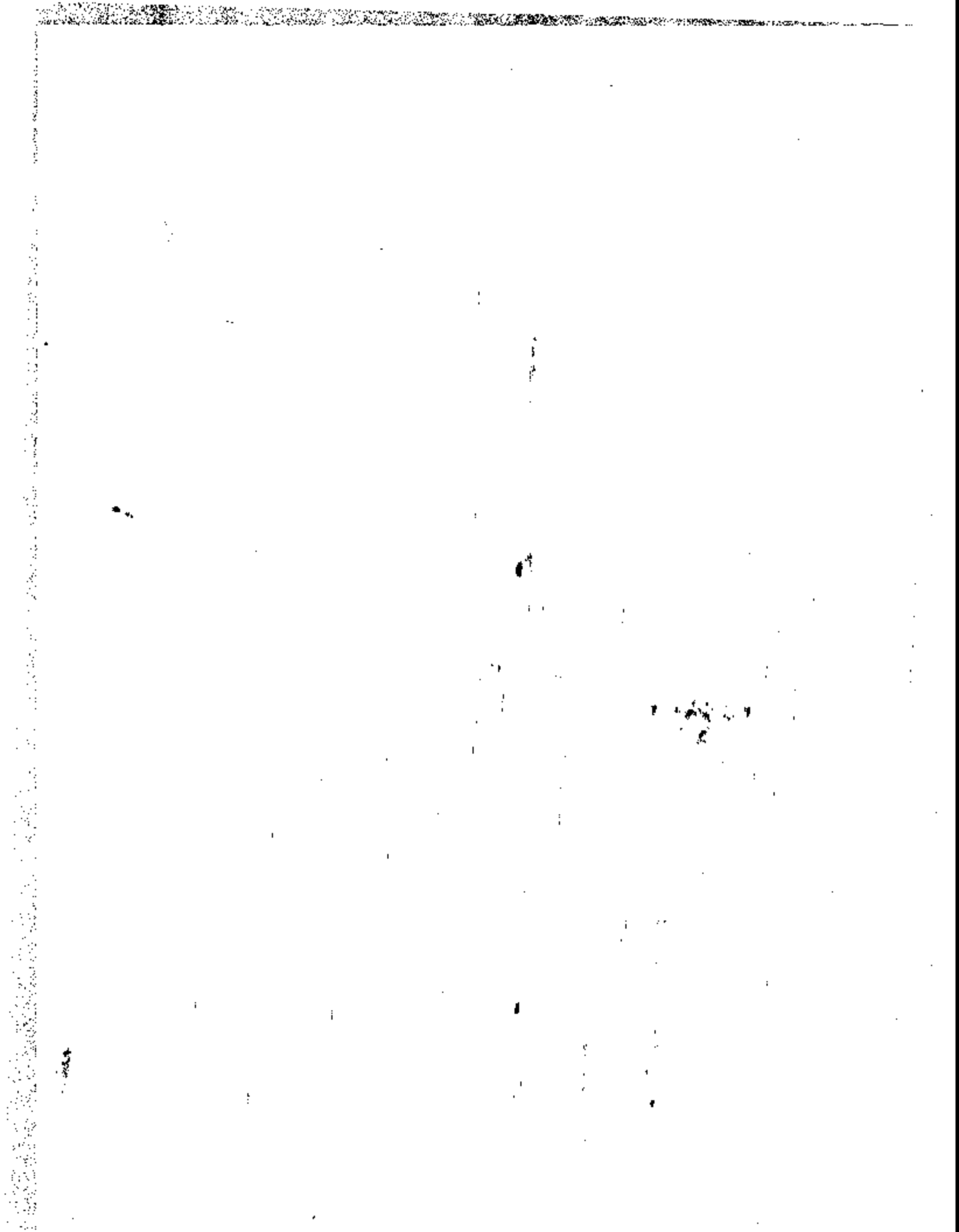
This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may

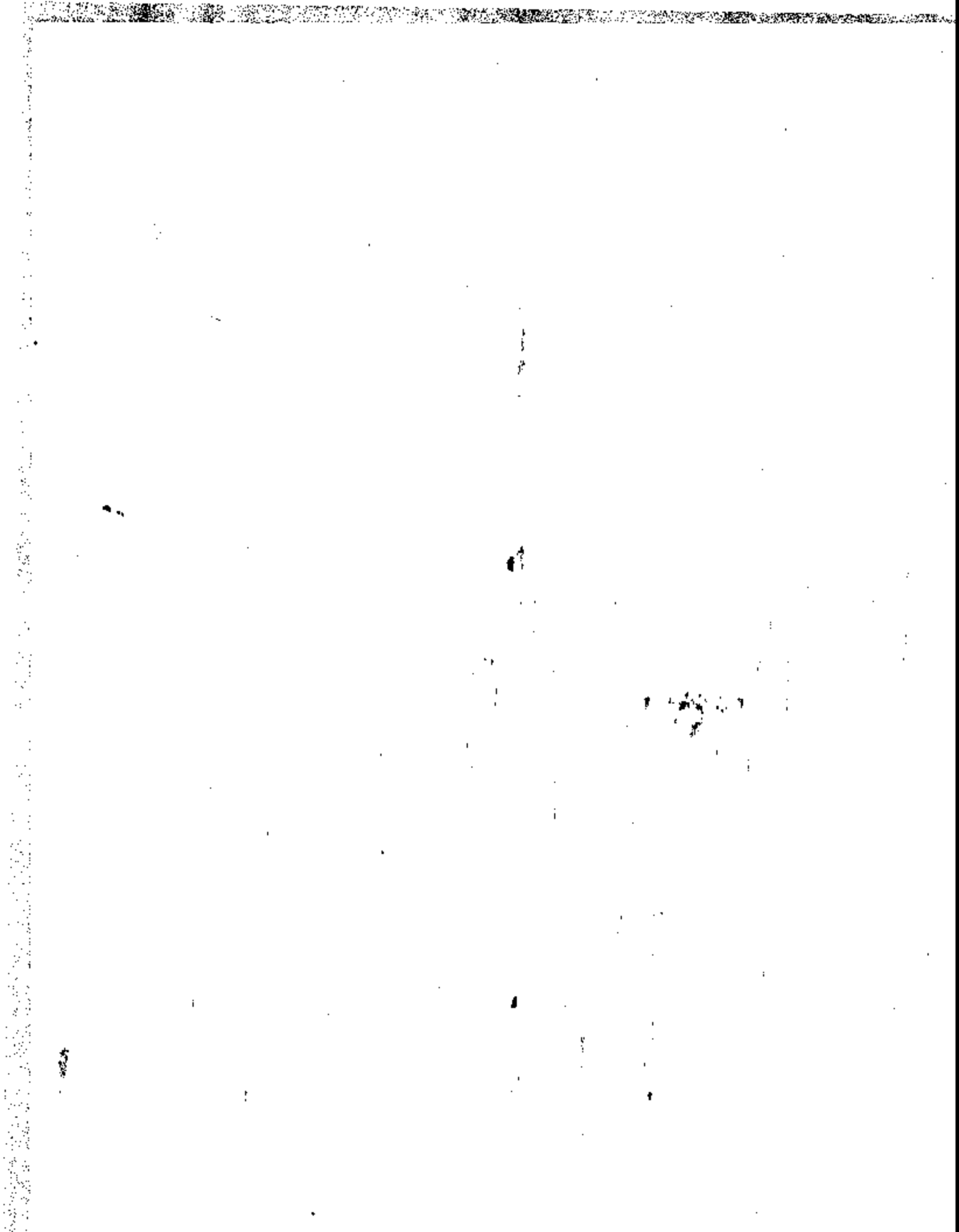
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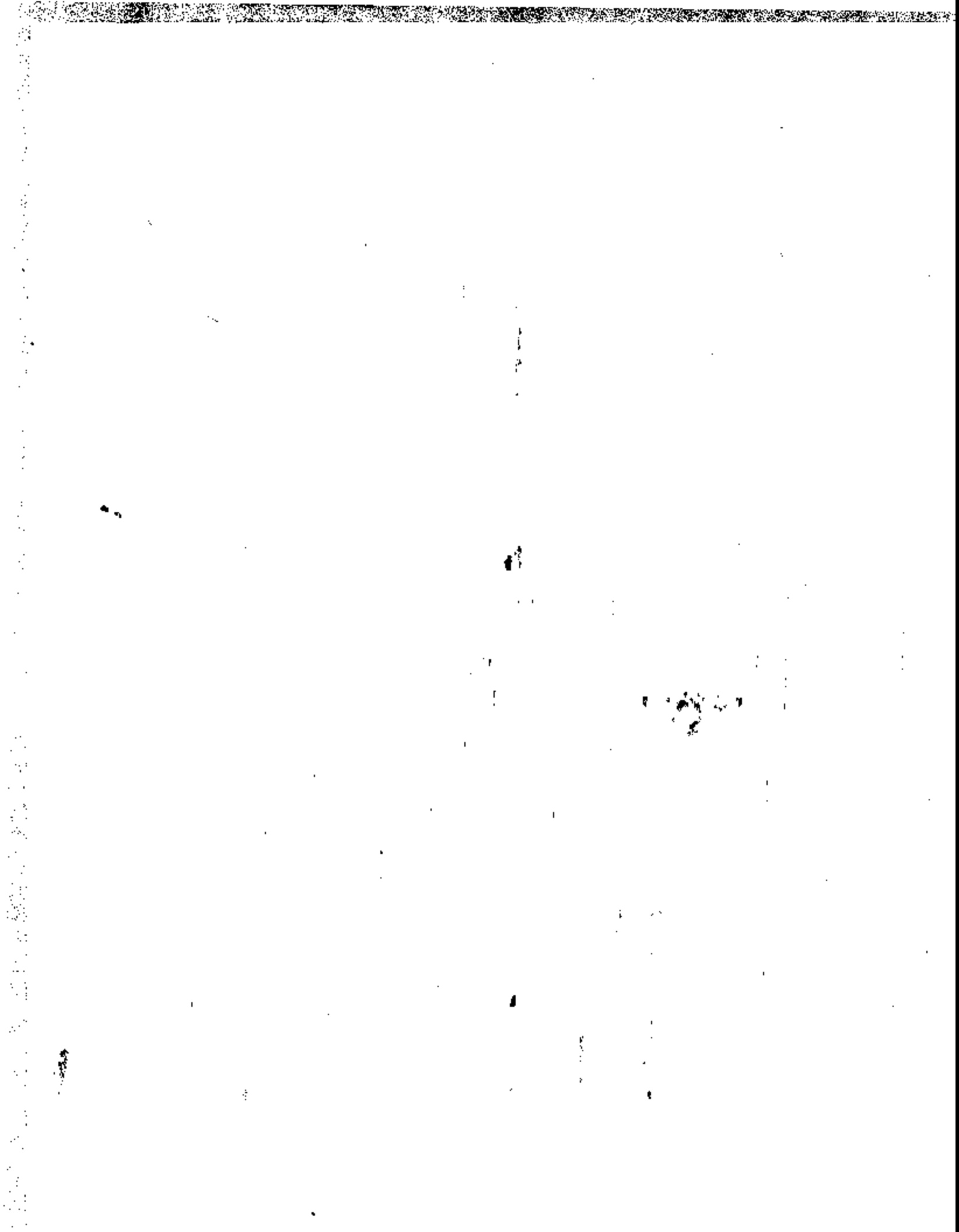
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-365-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS LOUIS FONG LEE 924 HEMPSTEAD BLVD NEW YORK NY 11553		DATE RECEIVED 119 28 Feb 1997	od. or rt. nt ☒ od. rt up. ltr
		REFERENCE NO. 809534	
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.		DAY TIME TELEPHONE NO. (AREA CODE) 212-354-5675	
SIGNATURE OF OWNER		DATE	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.*		VEHICLE MAKE NISSAN	VEHICLE MODEL MAXIMA
MODEL YEAR 1995		ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	
CURRENT ODOMETER READING 12111000		DATE PURCHASED ☒ NEW ☐ USED	DEALER'S NAME, CITY & STATE NO. CYLINDERS
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTILOCK BRAKES ☐ YES ☒ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☐ YES ☒ NO
DRIVE/RAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL		BODY STYLE STAWAG 4 DR ☐ HATCH BK 2 DR ☐ VAN PK UP TRK OTHER	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 12111000	PART NAME(S) INTERIOR SYSTEMS-PASSIVE RESTRAINT-AIR BAG-DRIVER	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 01-NOV-96	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
MILEAGE AT FAILURE(S)		VEHICLE SPEED AT FAILURE(S)	
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☒ YES ☐ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED 1	NUMBER OF FATALITIES
PROPERTY DAMAGE EST.		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
CONSUMER WAS INVOLVED IN A SIDE IMPACT COLLISION, IMPACT 3:00, WHILE TRAVELING 40 TO 45 MPH AND THE DRIVER'S AND PASSENGER'S SIDE AIR BAGS DEPLOYED CAUSING SERIOUS INJURIES TO OCCUPANT. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 Public Law 95-579 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.	

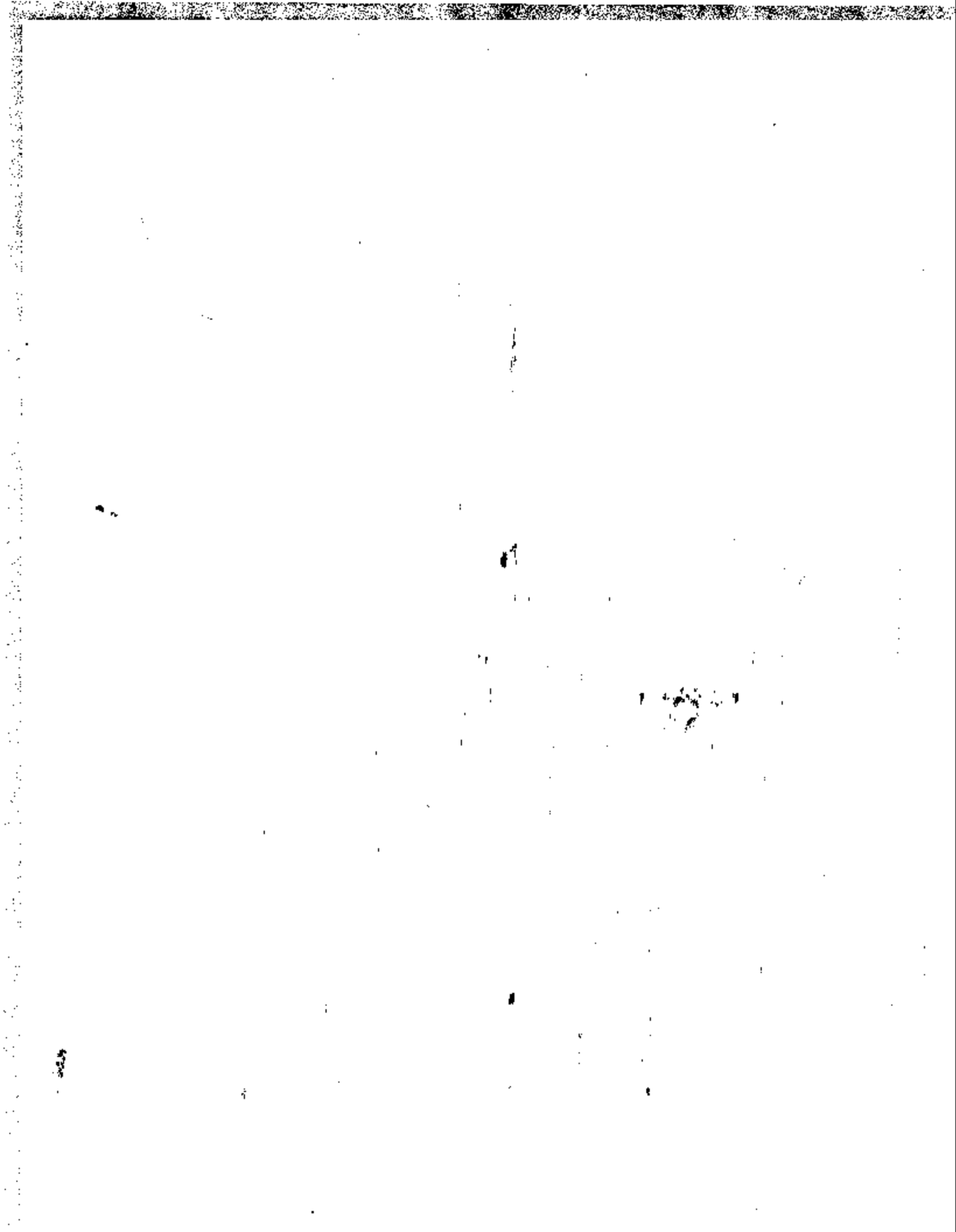
 U.S. Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS AL MULLINS 256 HIGHWAY 279 FATETTEVILLE GA 30214				DATE RECEIVED 141 3 Mar 1997	
				REFERENCE NO. 809582	
				DAY TIME TELEPHONE NO. (AREA CODE) 770-461-6024	
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	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO. 1LNLM92V6VY616773		VEHICLE MAKE LINCOLN		VEHICLE MODEL MARK VIII	
				MODEL YEAR 1997	
LOCATION AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE CURRENT ODOMETER READING: 4 DATE PURCHASED: ☐ NEW ☒ USED DEALER'S NAME, CITY & STATE: ENGINE SIZE (CID/CCL): ☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN NO. CYLINDERS:					
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC	ANTI LOCK BRAKES ☒ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVER'SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'SIDE AIRBAG ☐ FRONT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☒ YES ☐ NO	DRIVE SHAFT ☐ FRONT ☒ REAR ☐ 4-WHEEL	BODY STYLE STAWAG ☐ HATCH BK ☐ 4 DR ☐ VAN ☐ 2 DR ☐ PK UP TRK ☐ OTHER ☐
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT 03250000	PART NAME(S) BRAKES-HYDRAULIC-ANTI-LOCK SYSTEM		LOCATION ☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR		ALLD PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 27-FEB-97		MANUFACTURER CONTACTED ☐ YES ☐ NO		NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 5000				
	VEHICLE SPEED AT FAILURE(S)				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST. ☐ YES ☒ NO	POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
PEDAL WENT ALL THE WAY TO THE FLOOR AND THERE WERE NO BRAKES AT ALL. PULLED OVER TO CHECK THERE WERE 2 PIECES OF BRAKE TUBING DRAGGING AND PROTRUDING, THEY WERE SEVERED IN HALF. *AK					
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 statement summarizing it, may be used in support of the agency's action.		

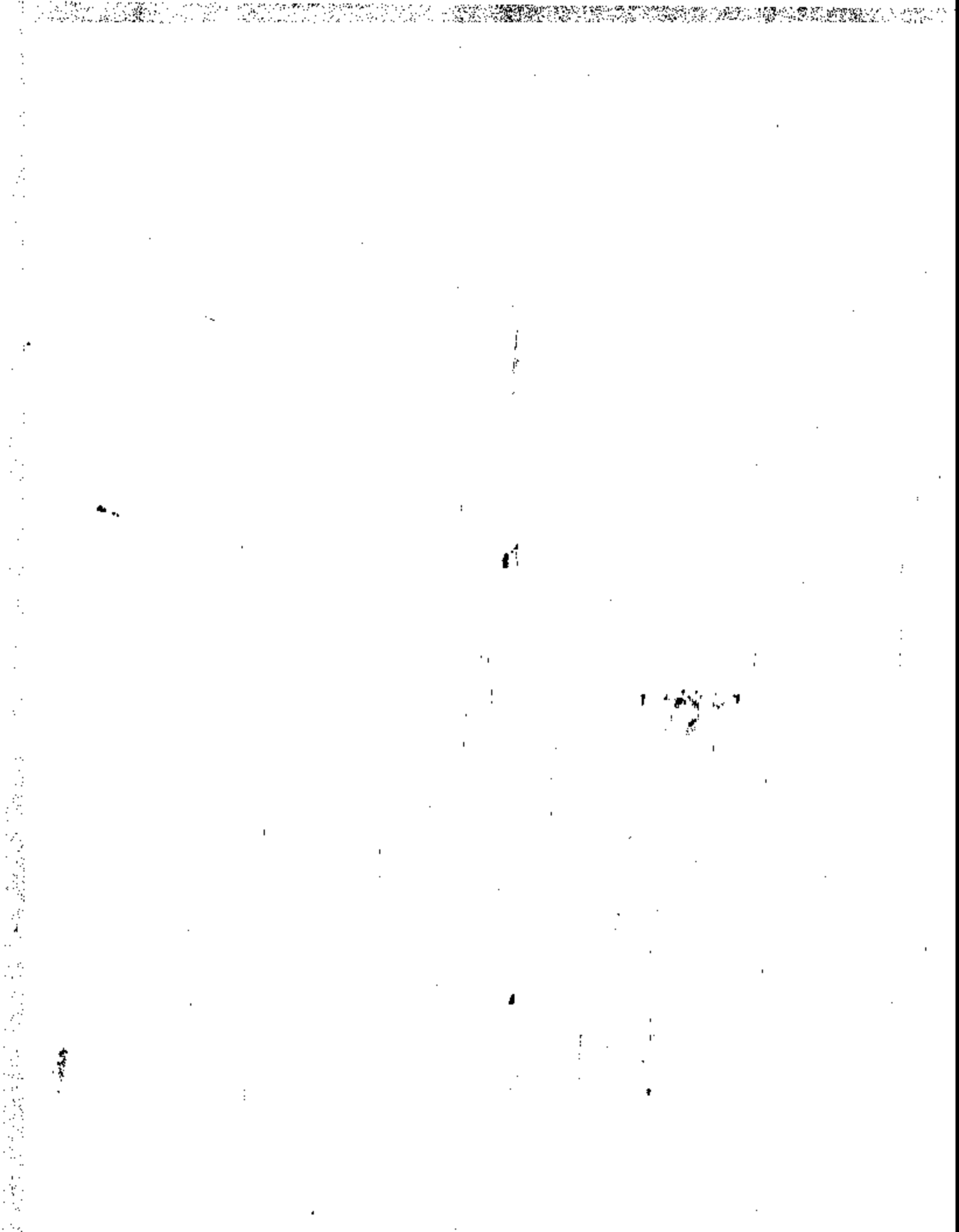












 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-386-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED 155 17 Mar 1997	ud.or _____ n.dt _____ od.rt _____ up.ltr _____ REFERENCE NO. 810099
NAME and ADDRESS JAMES SMITH 1145 W BOSTON AVE RIDGECREST CA 93555		DAY TIME TELEPHONE NO. (AREA CODE)	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1B7FL26Y7SW922873		VEHICLE MAKE DODGE TRUCK	VEHICLE MODEL DAKOTA
MODEL YEAR 1995		LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE CURRENT ODOMETER READING _____ DATE PURCHASED _____ DEALER'S NAME, CITY & STATE _____ ☐ NEW ☒ USED	
TRANSMISSION TYPE ☒ MANUAL ☐ AUTOMATIC		ANTILOCK BRAKES ☐ YES ☒ NO	RESTRAINT SYSTEM ☒ DRIVER'S SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☒ 2-POINT BELT
CRUISE CONTROL ☐ YES ☒ NO		DRIVE SHAFT ☐ FRONT ☒ REAR ☐ 4-WHEEL	ENGINE SIZE (CID/CC) _____ ☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTOR NO. CYLINDERS _____
BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 3 DR _____ PK UP TRK _____ OTHER _____			
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 12111000	PART NAME(S) INTERIOR SYSTEMS-PASSIVE RESTRAINT(AIR BAG) DRIVER	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 22-APR-96	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
MILEAGE AT FAILURE(S) 38		VEHICLE SPEED AT FAILURE(S)	
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☒ YES ☐ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED 1	NUMBER OF FATALITIES 0
PROPERTY DAMAGE ESTS _____		POLICE REPORTED ☐ YES ☒ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES) OWNER WAS DRIVING ON HIGHWAY AND HIT A WALL, AIR BAG DIDN'T DEPLOY. *AK			
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 not required 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 statistically summarized version, may be used in support of the agency's action.	



NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-6383
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

116 18 Mar 1997

od.or

rt.d:

od.st

up-rt

REFERENCE NO.

810100

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JOHN IVERSON

W 456 YOUTH RD.

MONDOVI

WI

54755

DAY TIME TELEPHONE NO. (AREA CODE)

715 926 3497

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

1GKEFK16K9P1740464

VEHICLE MAKE

GMC

VEHICLE MODEL

SUBURBAN

MODEL YEAR

1993

LOCATION AT BOTTOM OF WINDSHIELD OR DRIVER'S SIDE

CURRENT ODOMETER READING

DATE PURCHASED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CYL.)☐ TURBO☐ DIESEL☐ GAS☐ FUEL INJECTION

NO. CYLINDERS

TRANSMISSION TYPE

☐ MANUAL☐ AUTOMATIC

ANTILOCK BRAKES

☐ YES☒ NO

RESTRAINT SYSTEM

☐ DRIVERS SIDE AIRBAG☐ PASSENGERSIDE AIRBAG☐ 3-POINT BELT☐ MOTORBELT☒ 2-POINT BELT

CRUISE CONTROL

☐ YES☒ NO

DRIVE SHAFT

☐ FRONT☐ REAR☐ 4-WHEEL

BODY STYLE

STAWAG

4 DR

2 DR

HATCH BK

VAN

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

07460000

PART NAME(S)

POWER TRAIN AXLE ASSEMBLY

LOCATION

☐ LEFT FRONT☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

08-FEB-97

MILEAGE AT FAILURE(S)

64000

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED

☐ YES☐ NO

NHTSA PREVIOUSLY CONTACTED

☐ YES☐ NO

APPLICANT'S ACCIDENT INFORMATION

ACCIDENT

☐ YES☒ NO

FIRE

☐ YES☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY DAMAGE EST.

POLICE REPORTED

☐ YES☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

WHILE DRIVING 35MPH THE REAR AXLE FELL OFF THE VEHICLE, CAUSING THE WHEELS TO SEPARATE. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1 800 424-9353 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 18 Mar 1997 REFERENCE NO. 810101	
OWNER INFORMATION (TYPE OR PRINT)			
NAME and ADDRESS SHARON HOLLEY 45 MIDDLE FIELD GROTON CT 06340		DAY TIME TELEPHONE NO. (AREA CODE) 860-572-7221 860-536-6960	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1J4G258S5VCS/M115		VEHICLE MAKE JEEP	
		VEHICLE MODEL CHEROKEE	
		MODEL YEAR 1997	
CURRENT ODOMETER READING _____ DATE PURCHASED _____			
☒ NEW ☐ USED		ENGINE & ZC (CID/COD) _____	
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC		NO. CYLINDERS _____	
ANT-LOCK BRAKES ☒ YES ☐ NO		☐ TURBO DIESEL GAS FUEL INJECTN	
RESTRAINT SYSTEM ☒ DRIVERS SE AIRBAG ☐ MOTORBELT ☐ PASSENGERS SE AIRBAG ☒ 3-POINT BELT ☐ 2-POINT BELT		OR VETRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL	
BODY STYLE STAWAG ☒ HATCH BK ☐ 4 DR ☐ VAN ☐ 2 DR ☐ PK UP TRK ☐ OTHER ☐			
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 10120000	PART NAME(S) VISUAL SYSTEMS: GLASS: WINDOW: DOOR AND SIDE	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 09-MAR-97	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 8		
	VEHICLE SHIPPED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____
		PROPERTY DAMAGE ESTS _____	POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)			
ON NORMAL WEATHER CONDITIONS, WHEN ENTERING THE VEHICLE AND CLOSING THE FRONT PASSENGER SIDE FRONT DOOR, THE REAR QUARTER PANEL WINDOW ON THE DRIVER'S SIDE EXPLODED. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 Public Law 93-579 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 safety defects. If the NHTSA proceeds with an investigation, information or statements furnished in this questionnaire, your response or a statement of yours, may be used in support of the agency's action.	

 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONALWIDE 1-800-424-9383 DC METRO AREA 202-368-0123	FOR AGENCY USE ONLY	
	DATE RECEIVED	00-01 ____ 01-01 ____ 02-01 ____ 03-01 ____ 04-01 ____ 05-01 ____ 06-01 ____ 07-01 ____ 08-01 ____ 09-01 ____ 10-01 ____ 11-01 ____ 12-01 ____
	141 18 Mar 1997	REFERENCE NO. 810102
OWNER INFORMATION (TYPE OR PRINT)		
NAME and ADDRESS RICHARD HARRIS 1018 WALLER RD BRENTWOOD TN 37027		
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

VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. <i>1NKG01DOSM306838</i>	VEHICLE MAKE <i>INFINITI</i>	VEHICLE MODEL <i>Q45</i>	MODEL YEAR <i>1995</i>
LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER SIDE			
WHEN DOCUMENTED READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CCHL)
	☐ NEW ☒ USED		☐ TURBO ☐ DIESEL ☒ GAS ☐ FUEL INJECTN
TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
☐ MANUAL ☒ AUTOMATIC	☒ YES ☐ NO	☐ DRIVER SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER SIDE AIRBAG ☐ 3 POINT BELT ☐ 2 POINT BELT	☒ YES ☐ NO
			DRIVETRAIN
			☐ FRONT ☒ REAR ☐ 4-WHEEL
			BODY STYLE
			STAWAG 4 DR 2 DR HATCH BK VAN PK UP TRK OTHER
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT <i>13730000</i>	PART NAME(S) <i>STRUCTURE:HOOD ASSEMBLY LATCHES</i>	LOCATION ☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) <i>19-DEC-96</i>	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S) <i>19000</i>	☐ YES ☐ NO	☐ YES ☐ NO
	VEHICLE SPEED AT FAILURE(S)		

APPLICABLE ACCIDENT INFORMATION					
ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST.	POLICE REPORTED
☐ YES ☒ NO	☐ YES ☒ NO				☐ YES ☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)	
HOOD: WHILE DRIVING ON EXPRESSWAY APPROXIMATELY 60MPH THE HOOD FLEW UP ON VEHICLE. TOOK CAR IN FOR REPAIRS AND DEALER SAID NEITHER THE REGULAR OR SAFETY LOCK WAS WORKING. *AK	
CONTINUE ON BACK IF NEEDED	

The Privacy Act of 1974 Public Law 93-579 Information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are not being asked to respond to this questionnaire. Your response may	be used to assist the NHTSA in determining whether a manufacturer should take corrective 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 government's action.
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NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONAL HIGHWAY
TRAFFIC SAFETY
ADMINISTRATION

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

151 18 Mar 1997

CG-Dr _____
HGT _____
CG-RT _____
LP-LTR _____

REFERENCE NO.

810104

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

SHEILA

MARION

7522 STEPHENS ST.

CENTER LANE

MI

48015

DAY TIME TELEPHONE NO. (AREA CODE)

810 759-4232

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

VEHICLE MODEL

MODEL YEAR

FORD TRUCK

F150

1997

VEHICLE CATEGORY (TYPE OF VEHICLE)

CURRENT VEHICLE (YEAR) DATE

PURCHASED

DEALER'S NAME, CITY & STATE

ENGINE SIZE
(CID/CYL)

☐ TURBO
☐ DIESEL
☐ GAS
☐ FUEL INJECTN

NO. CYLINDERS

TRANSMISSION TYPE

ANTI-LOCK BRAKES, RESTRAINT SYSTEM

CRUISE CONTROL

DRIVETRAIN

BODY STYLE

☐ MANUAL☐ YES☐ DRIVERSIDE AIRBAG ☐ MOTORBELT☐ YES☐ FRONT

STATION

PATCH BK

☐ AUTOMATIC☒ NO☐ PASSENGERSIDE AIRBAG☒ NO☐ REAR

4 DR

VAN

☐ 3 POINT BELT☐ 2 POINT BELT☐ 4-WHEEL

5 DR

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT MORE INFORMATION ON BACK)

COMPONENT
CUT OFF

PART NAME(S)

LOCATION

FAILED PART(S)

FUEL; VEHICLE CRASH

☐ LEFT
☐ FRONT

☐ RIGHT
☐ REAR

☐ ORIGINAL☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MANUFACTURER
CONTACTEDNHTSA PREVIOUSLY
CONTACTED

MILEAGE AT FAILURE(S)

☐ YES ☐ NO☐ YES ☐ NO

VEHICLE SPEED AT FAILURE(S)

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

FIRE

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY
DAMAGE

POLICE REPORTED

☒ YES☐ NO☐ YES☒ NO☐ YES☐ NO☐ YES☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)

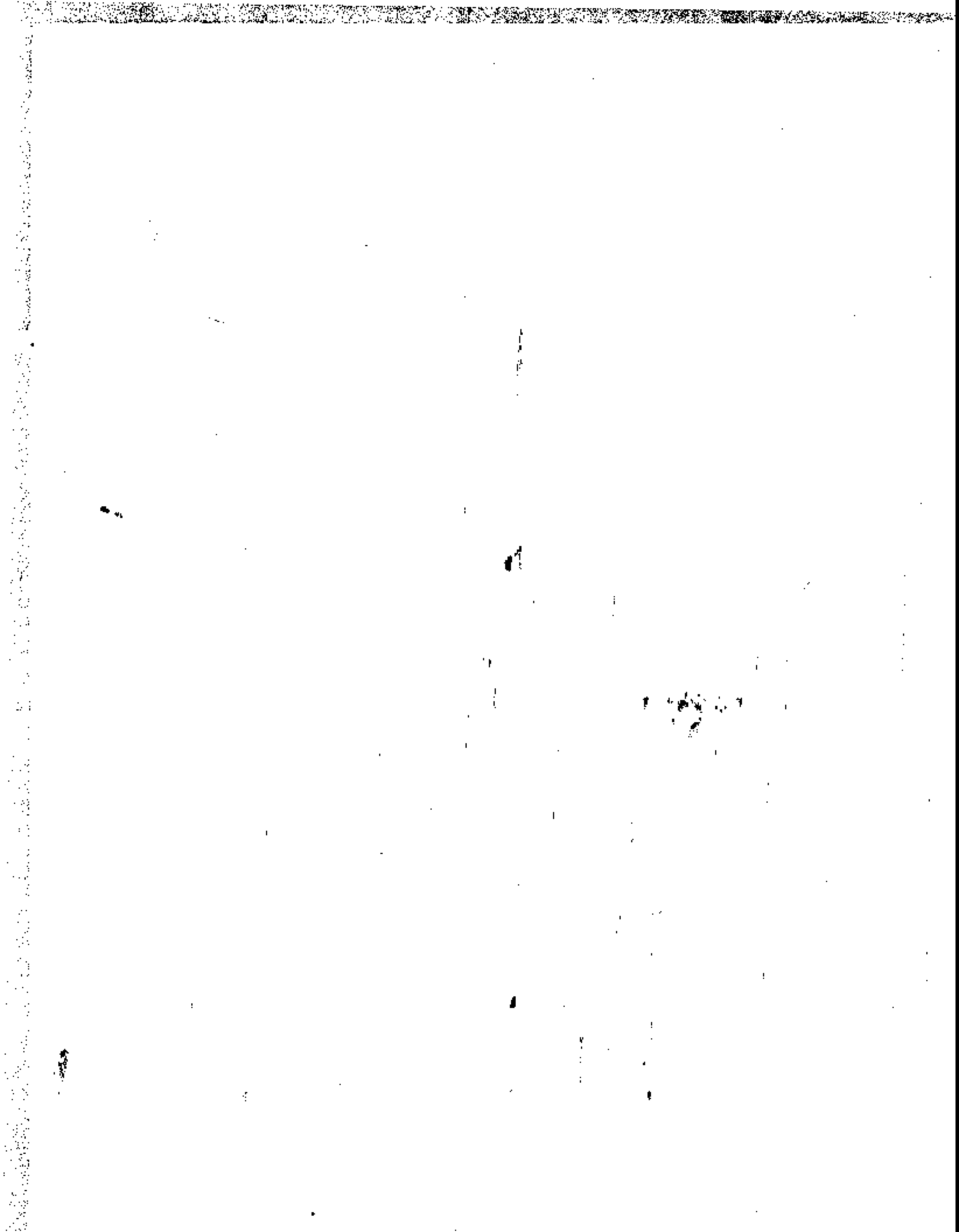
VEHICLE WAS IN A CRASH. CAR WAS HIT 4 TIMES AND THE CUT OFF SWITCH WOULD NOT WORK. *AK

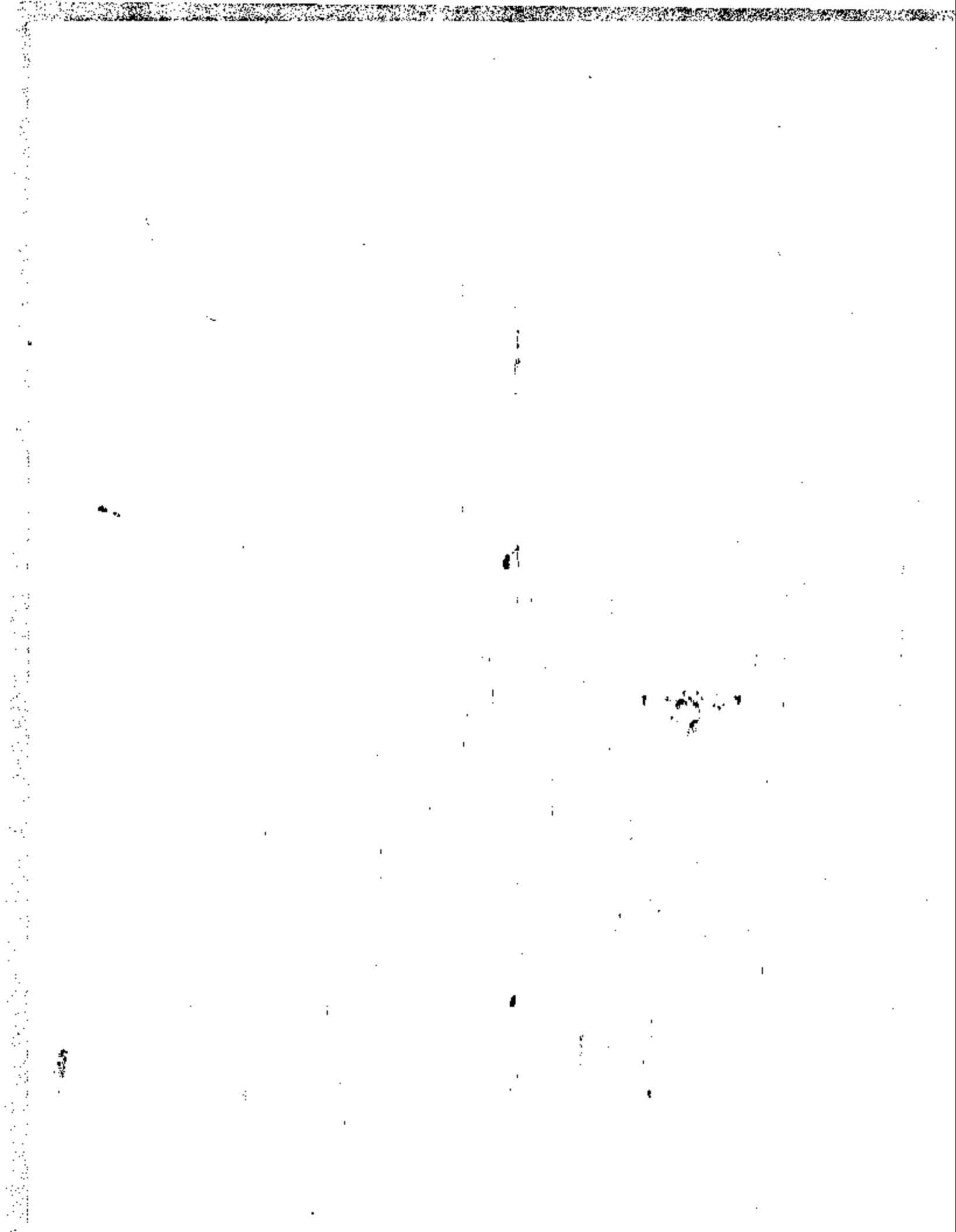
CONTINUE ON BACK IF NEEDED

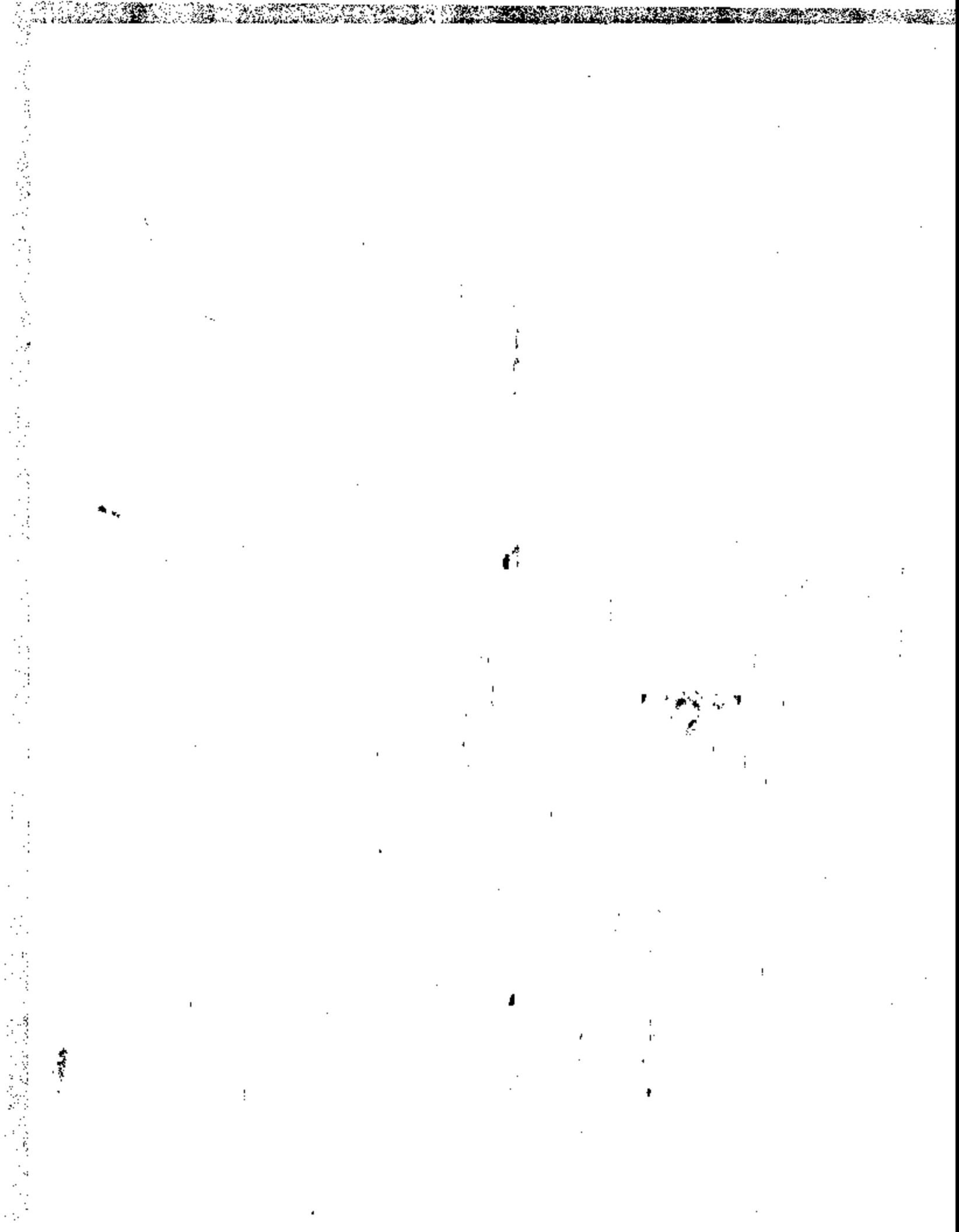
The Privacy Act of 1974
Public Law 93-579

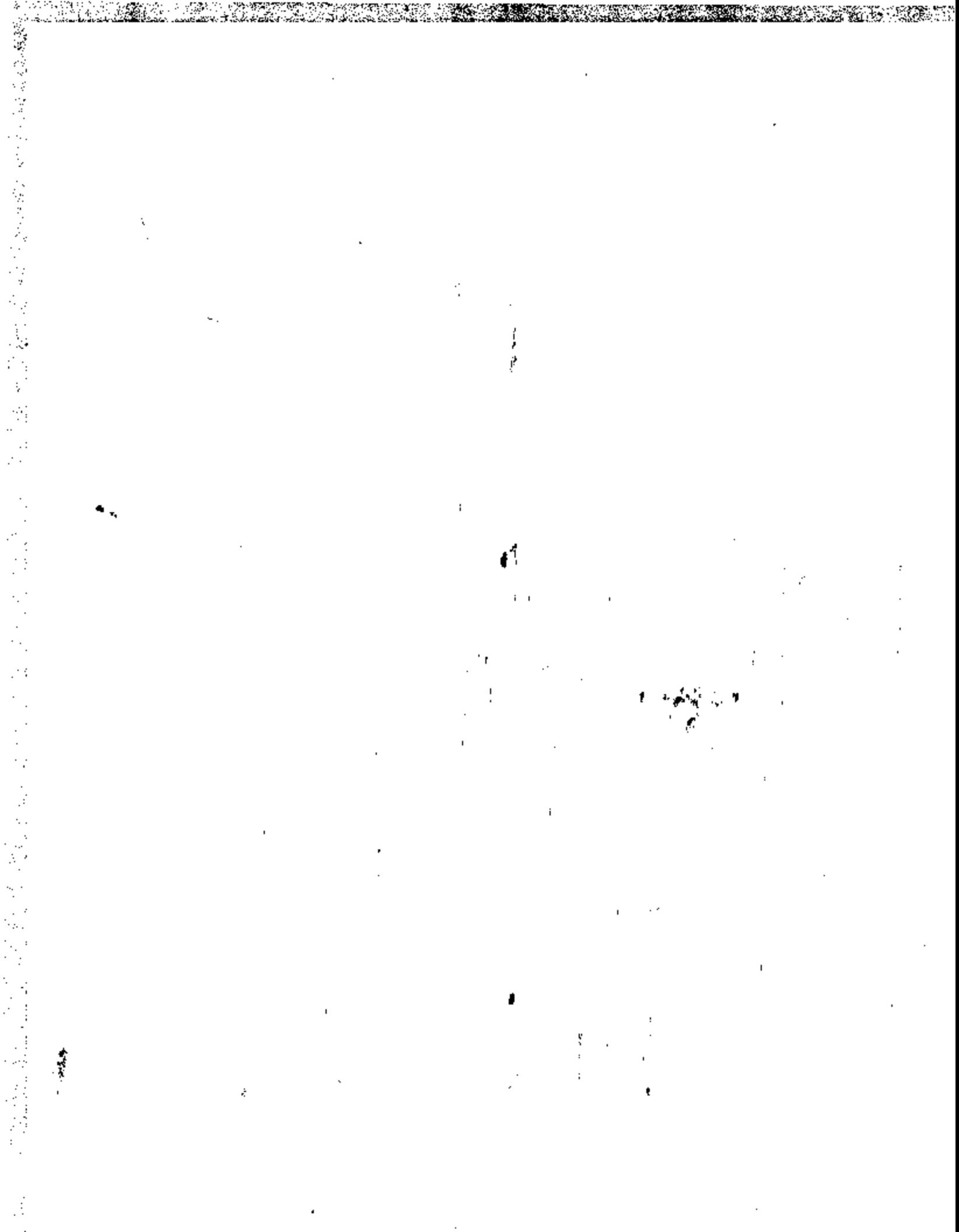
This information is collected pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may

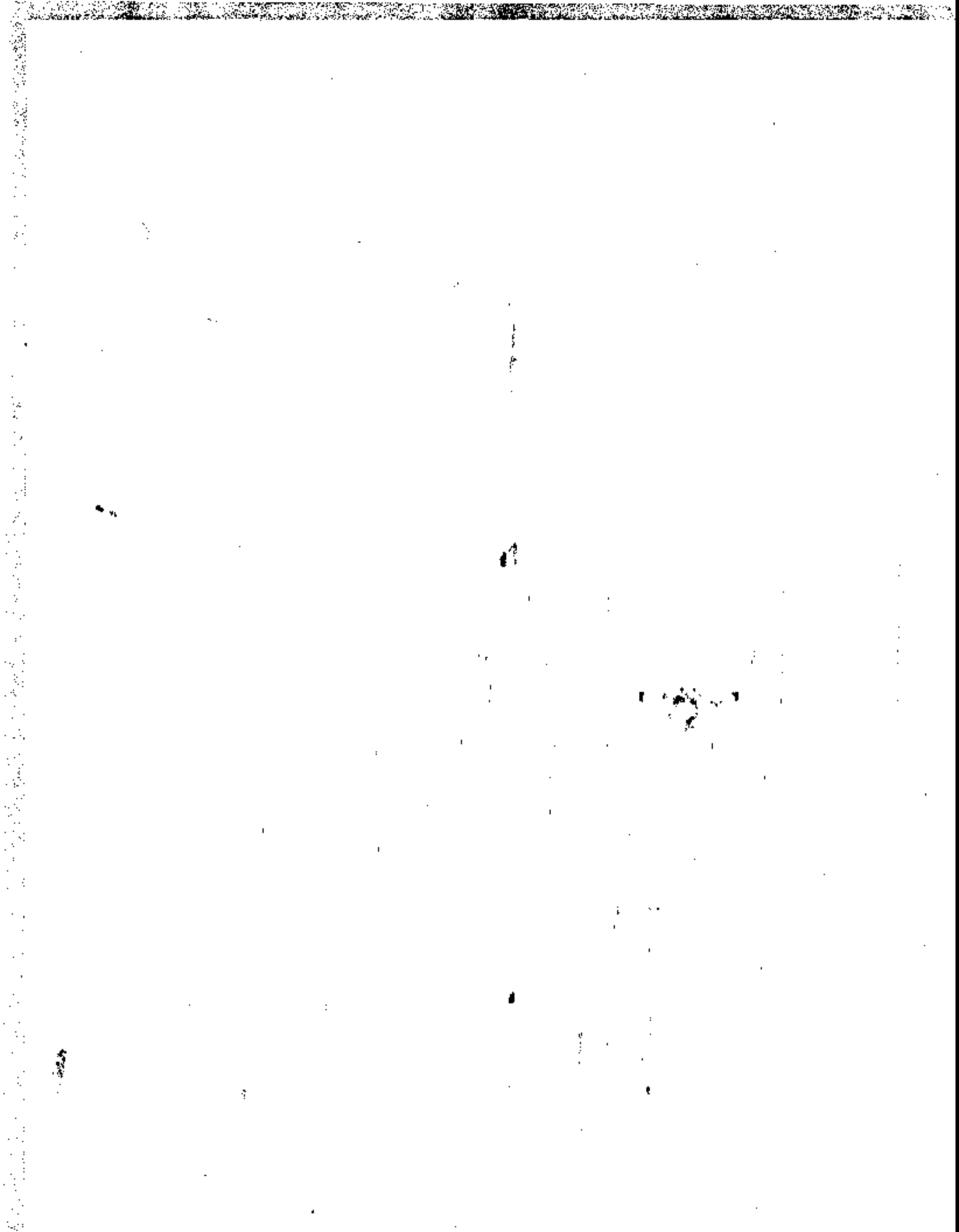
be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. In the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

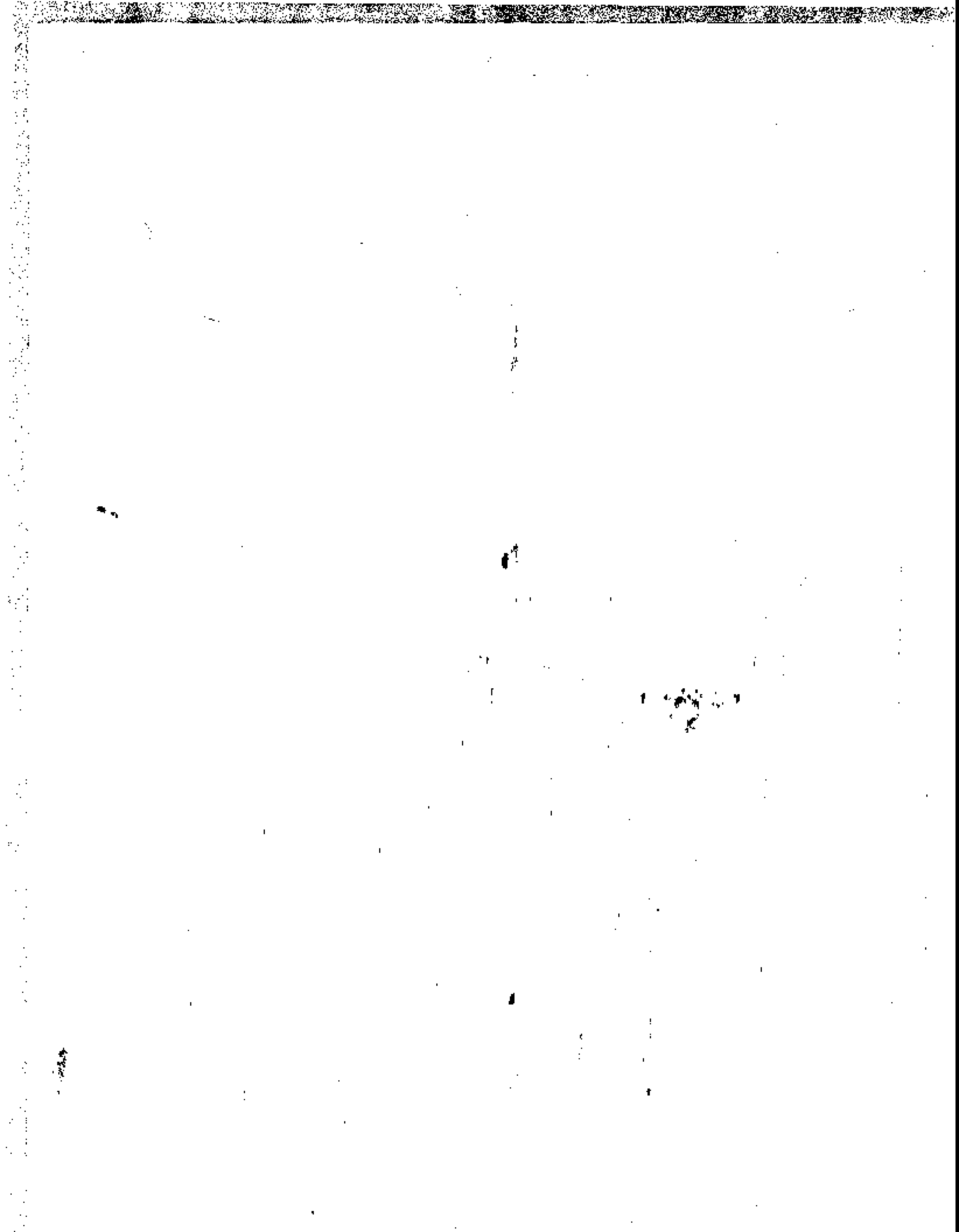


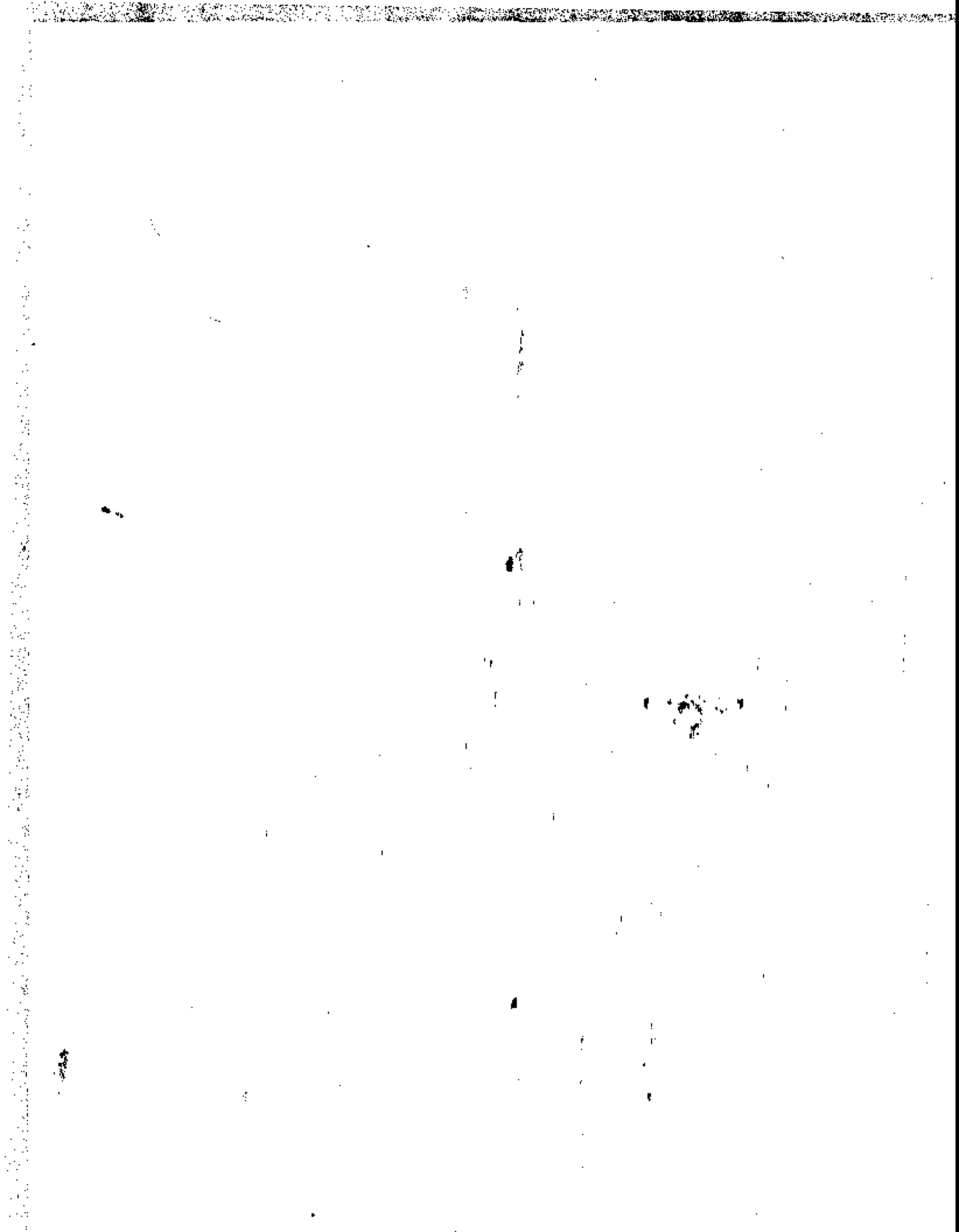


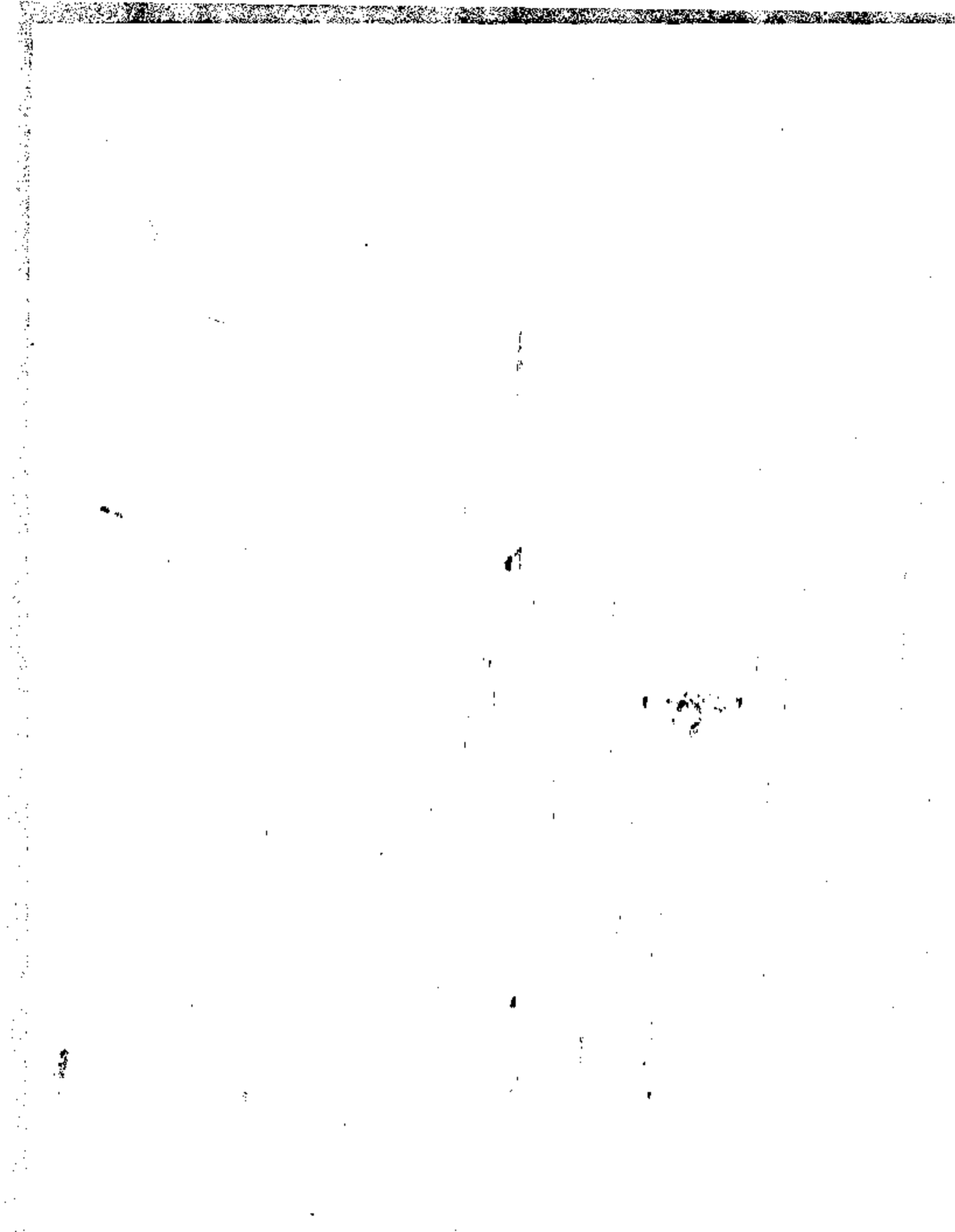


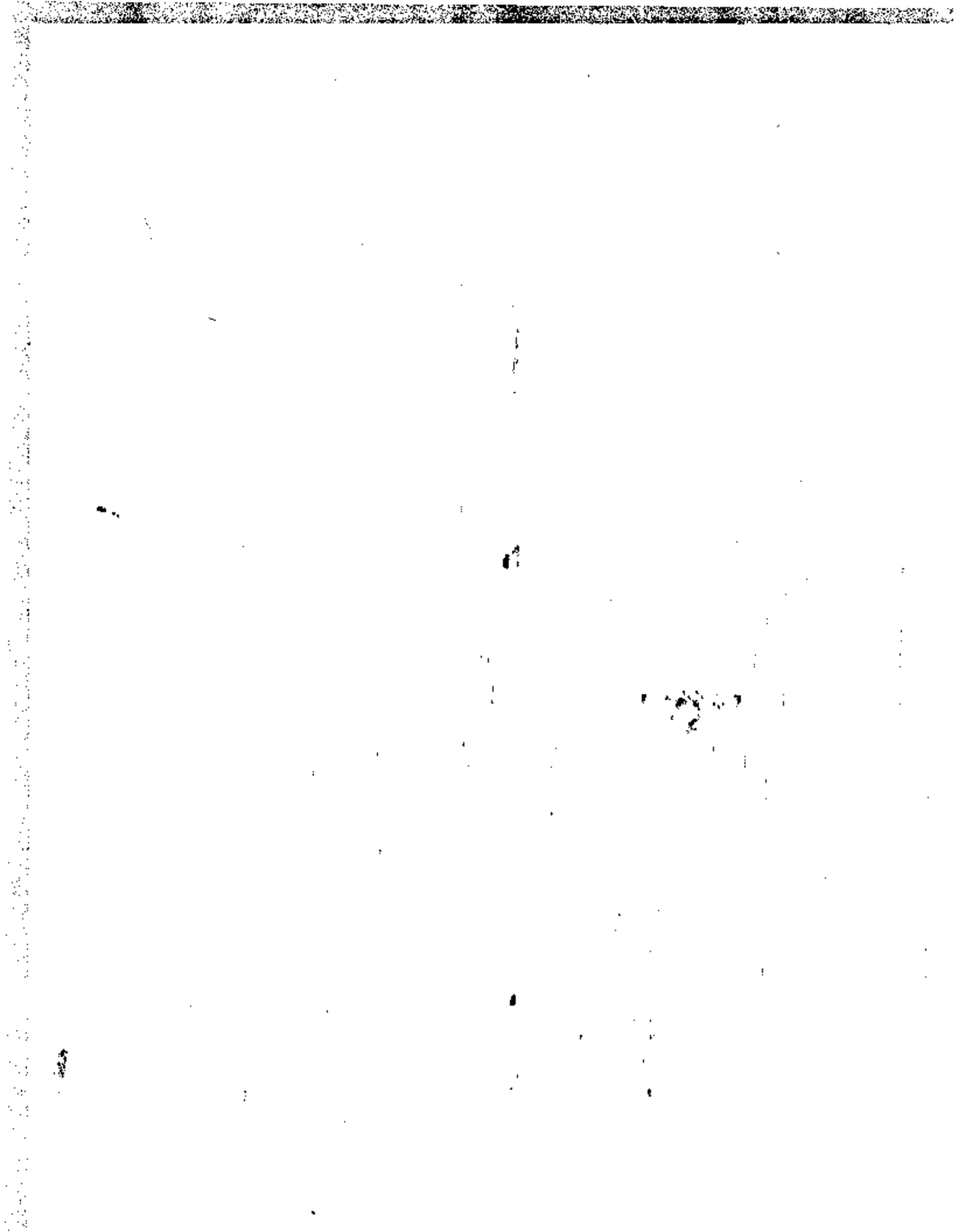


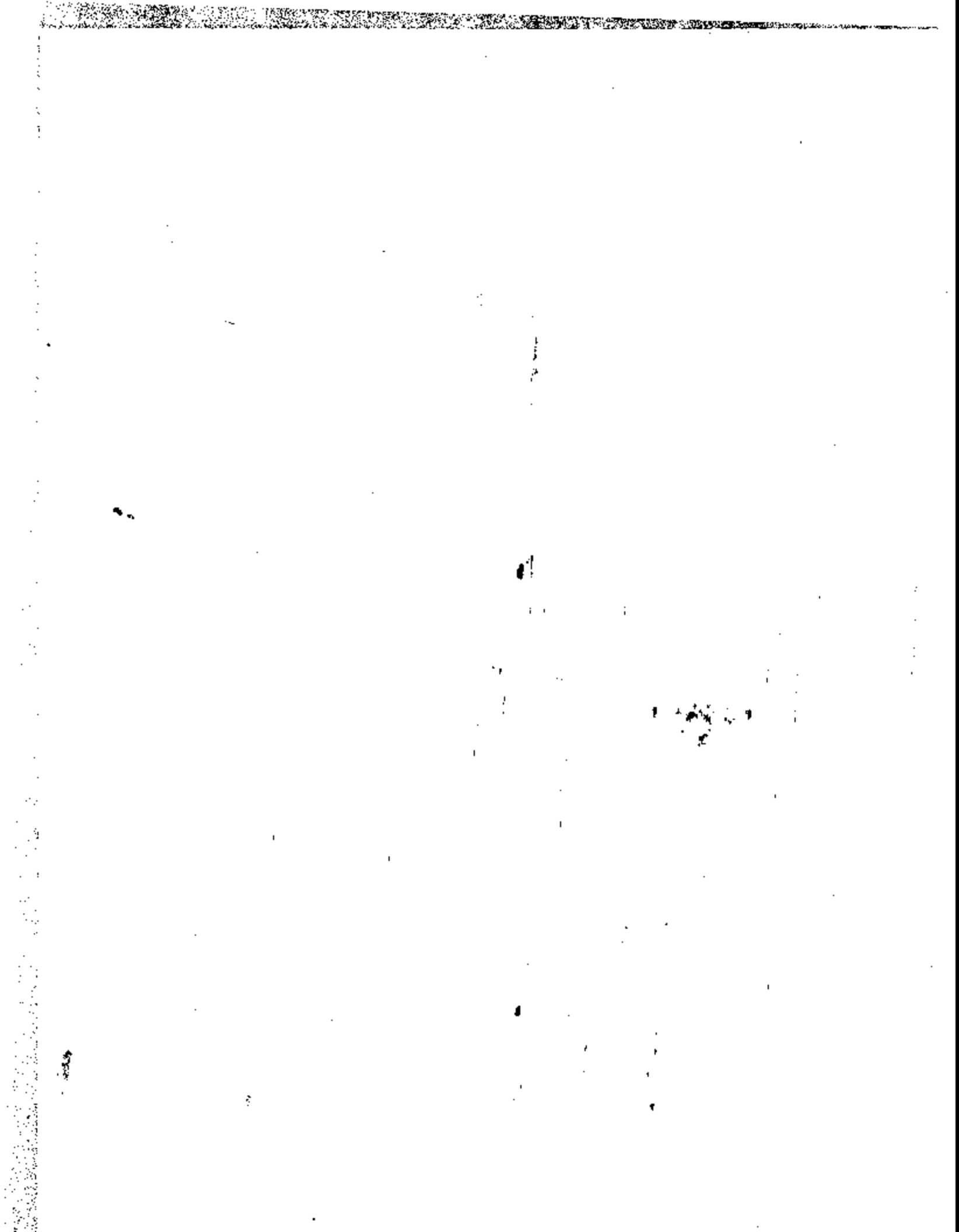














National Highway
Traffic Safety
Administration

**AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE**

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED

141 18 Mar 1997

od.or
rt.or
od.it
up.it

REFERENCE NO.

810102

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

RICHARD HARRIS

1018 WALLER RD

BRENTWOOD

TN

37027

DAY TIME TELEPHONE NO. (AREA CODE)

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

1NKG01DOSM306838

VEHICLE MAKE

INFINITI

VEHICLE MODEL

Q45

MODEL YEAR

1995

LOCATED AT BOTTOM OF WINDSHIELD OR ON VEHICLE

CURRENT ODOMETER READING

DATE

PURCHASED

DEALER'S NAME CITY & STATE

ENGINE SIZE
(CID/CC/L)

☐ TURBO
☐ DIESEL
☐ GAS

NO. CYLINDERS

☐ FUEL INJECTN

TRANSMISSION TYPE

☐ MANUAL

☒ AUTOMATIC

ANTILOCK BRAKES

☒ YES

☐ NO

RESTRAINT SYSTEM

☐ DRIVER SIDE AIRBAG

☐ MOTORBELT

☐ PASSENGER SIDE AIRBAG

☐ 3-POINT BELT

☐ 2-POINT BELT

CRUISE CONTROL

☒ YES

☐ NO

DRIVETRAIN

☐ FRONT

☒ REAR

☐ 4-WHEEL

BODY STYLE

STAWAG

4 DR

2 DR

HATCH BK

VAN

PK UP TRK

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

13730000

PART NAME(S)

STRUCTURE, HOOD ASSEMBLY, LATCHES

LOCATION

☐ LEFT FRONT
☐ RIGHT REAR

FAILED PART(S)

☐ ORIGINAL
☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

19-DEC-96

MILEAGE AT FAILURE(S)

19000

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER
CONTACTED

☐ YES ☐ NO

NHTSA PREVIOUSLY
CONTACTED

☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

☐ YES

☒ NO

FIRE

☐ YES

☒ NO

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY
DAMAGE
ESTS

POLICE REPORTED

☐ YES

☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

HOOD: WHILE DRIVING ON EXPRESSWAY APPROXIMATELY 60MPH THE HOOD FLEW UP ON VEHICLE. TOOK CAR IN FOR REPAIRS AND DEALER SAID NEITHER THE REGULAR OR SAFETY LOCK WAS WORKING. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 118 18 Mar 1997 REFERENCE NO. 810103 DAY TIME TELEPHONE NO. (AREA CODE) 919-231-3281	
OWNER INFORMATION (TYPE OF PRINT) NAME and ADDRESS KIM MANFREDI 1825 TEABROOK CT. RALEIGH NC 27610			
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 2FDMA5147SBC18592		VEHICLE MAKE FORD TRUCK	VEHICLE MODEL WINDSTAR
		MODEL YEAR 1995	
(LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)			
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME CITY & STATE	ENGINE SIZE (CID/CC/LI)
	☒ NEW ☐ USED		☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTION
TRANSMISSION TYPE	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	DRIVER'S CONTROL
☐ MANUAL ☐ AUTOMATIC	☒ YES ☐ NO	☐ DRIVER'S SIDE AIRBAG ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	☐ YES ☒ NO
		DRIVER'S TRAN	BODY STYLE
		☐ FRONT ☐ REAR ☐ 4-WHEEL	STAWAC 4 DR 2 DR HATCH BK VAN PK UP TRK OTHER
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT 00250000	PART NAME(S) BRAKES-HYDRAULIC ANTI-SKID SYSTEM	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S) 23	☐ YES ☐ NO	☐ YES ☐ NO
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
			PROPERTY DAMAGE EST.
			POLICE REPORTED ☐ YES ☒ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
UPON MAKING A STOP ON WET OR DRY PAVEMENT CONSUMER NOTICED MALFUNCTIONING OF THE ABS BRAKES, RESULTING IN BRAKES FADING AWAY/EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED THE DEALER, DEALER UNABLE TO FIND PROBLEM. *AK			
CONTINUE ON BACK IF NEEDED			

The Privacy Act of 1974
Public Law 93-579

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be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct or remedy defects. If the NHTSA proceeds with administrative enforcement of regulation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



National Highway
Traffic Safety
Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-356-0120

FOR AGENCY USE ONLY

DATE RECEIVED

18 Mar 1997

od. or

n. di

od. 1

JD. JF

REFERENCE NO.

810104

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

SHEILA

MARION

7522 STEPHENS ST.

CENTER LANE

MI

48015

DAY TIME TELEPHONE NO. (AREA CODE)

810 759-4232

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

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.

VEHICLE MAKE

VEHICLE MODEL

MODEL YEAR

FORD TRUCK

F150

1997

VEHICLE ACQUIRED FROM DEALER OR PRIVATE PARTY

DATE OF ACQUISITION (MONTH/DAY/YEAR)

DEALER NAME, CITY & STATE

ENGINE TYPE
(GDI/COLI)

☐ TURBO

☐ DIESEL

☐ GAS

☐ FUEL INJECTN

DATE OF PURCHASE

PURCHASED

☐ NEW

☒ USED

NO. CYLINDERS

TRANSMISSION TYPE

ANTI-LOCK BRAKES, RESTRAINT SYSTEM

CRUISE CONTROL

DRIVE SHAFT

BODY STYLE

☐ MANUAL

☐ YES

☐ DRIVERS SE AIRBAG ☐ MOTORBELT

☐ YES

☐ FRONT

STAWAG

HATCH BK

☐ AUTOMATIC

☒ NO

☐ PASSENGERS SE AIRBAG

☒ NO

☐ REAR

1 DP

VAN

☐ 3-POINT BELT

☐ 3-POINT BELT

☐ 3-POINT BELT

☐ 4-WHEEL

☐ 2 DP

OTHER

OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT

PART NAME

LOCATION

FAILED PART(S)

CUT OFF

FUEL VEHICLE CRASH

☐ LEFT

☐ RIGHT

☐ ORIGINAL

☐ FRONT

☐ REAR

☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MANUFACTURER

NHTSA PREVIOUSLY

CONTACTED

CONTACTED

MILEAGE AT FAILURE(S)

☐ YES

☐ NO

☐ YES

☐ NO

VEHICLE SPEED AT FAILURE(S)

APPLICABLE ACCIDENT INFORMATION

ACCIDENT

FIRE

NUMBER PERSONS INJURED

NUMBER OF FATALITIES

PROPERTY

POLICE REPORTED

☒ YES

☐ NO

☐ YES

☒ NO

☐ YES

☐ NO

☐ YES

☒ NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

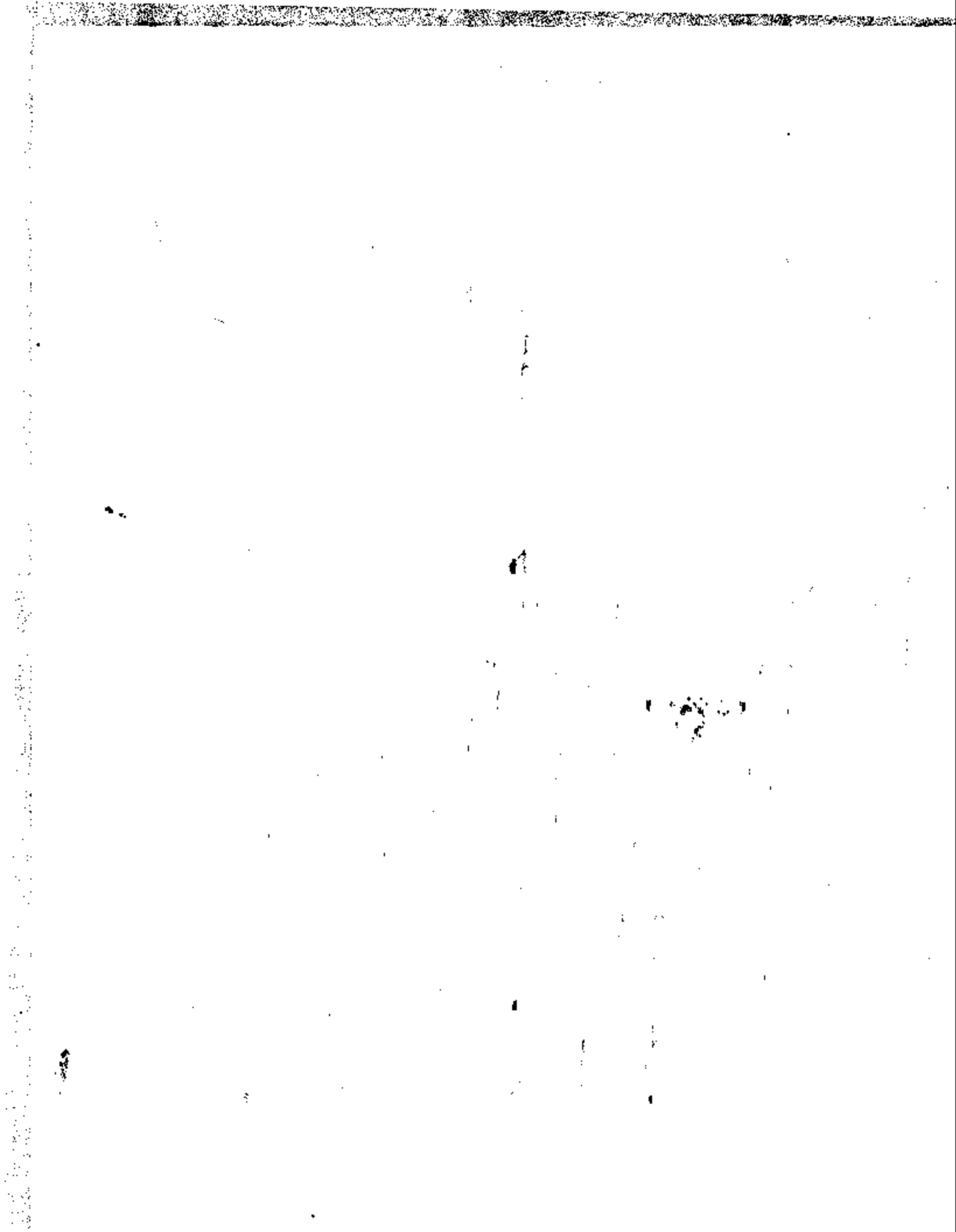
VEHICLE WAS IN A CRASH. CAR WAS HIT 4 TIMES AND THE CUT OFF SWITCH WOULD NOT WORK. *AK

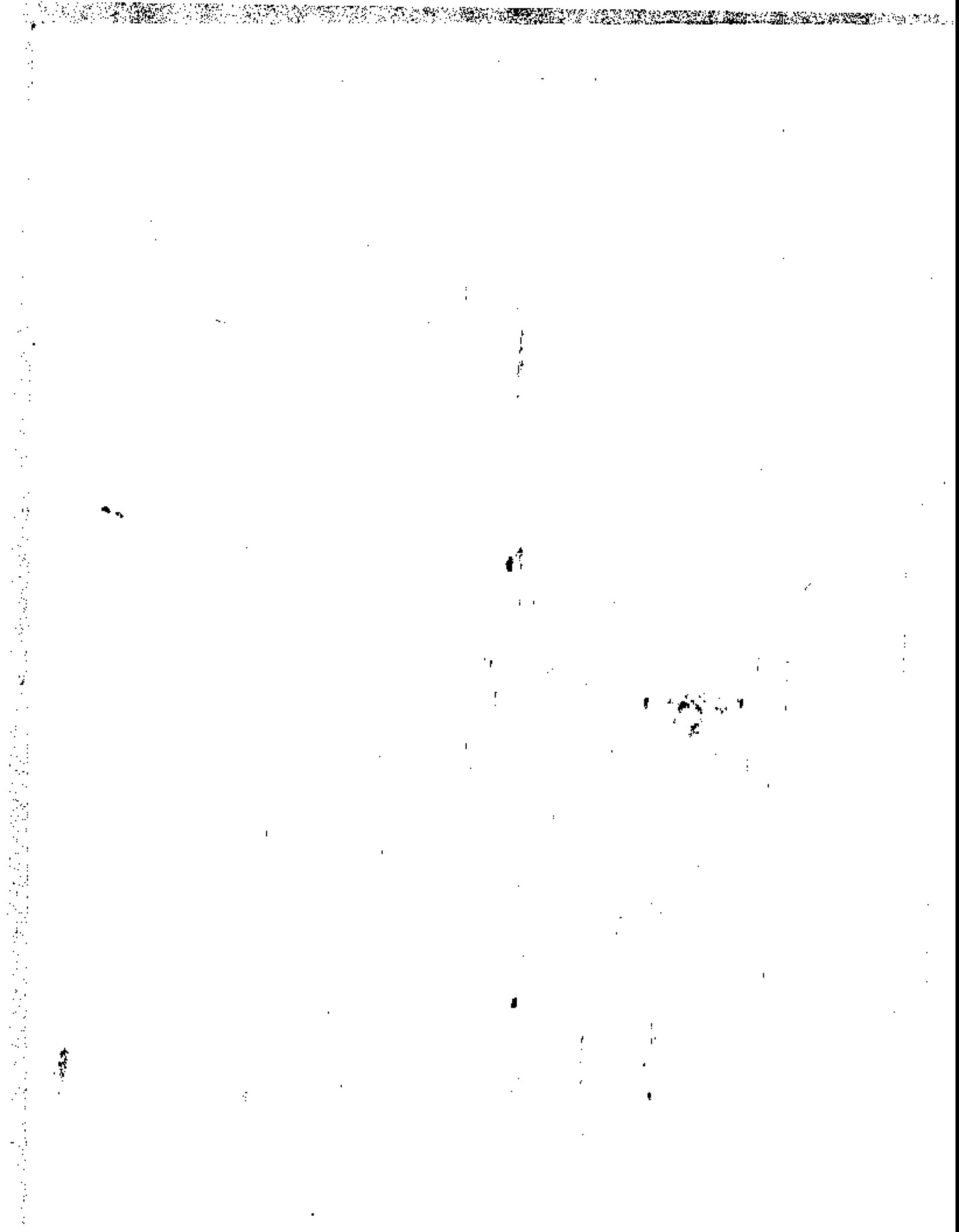
CONTINUE ON BACK IF NEEDED

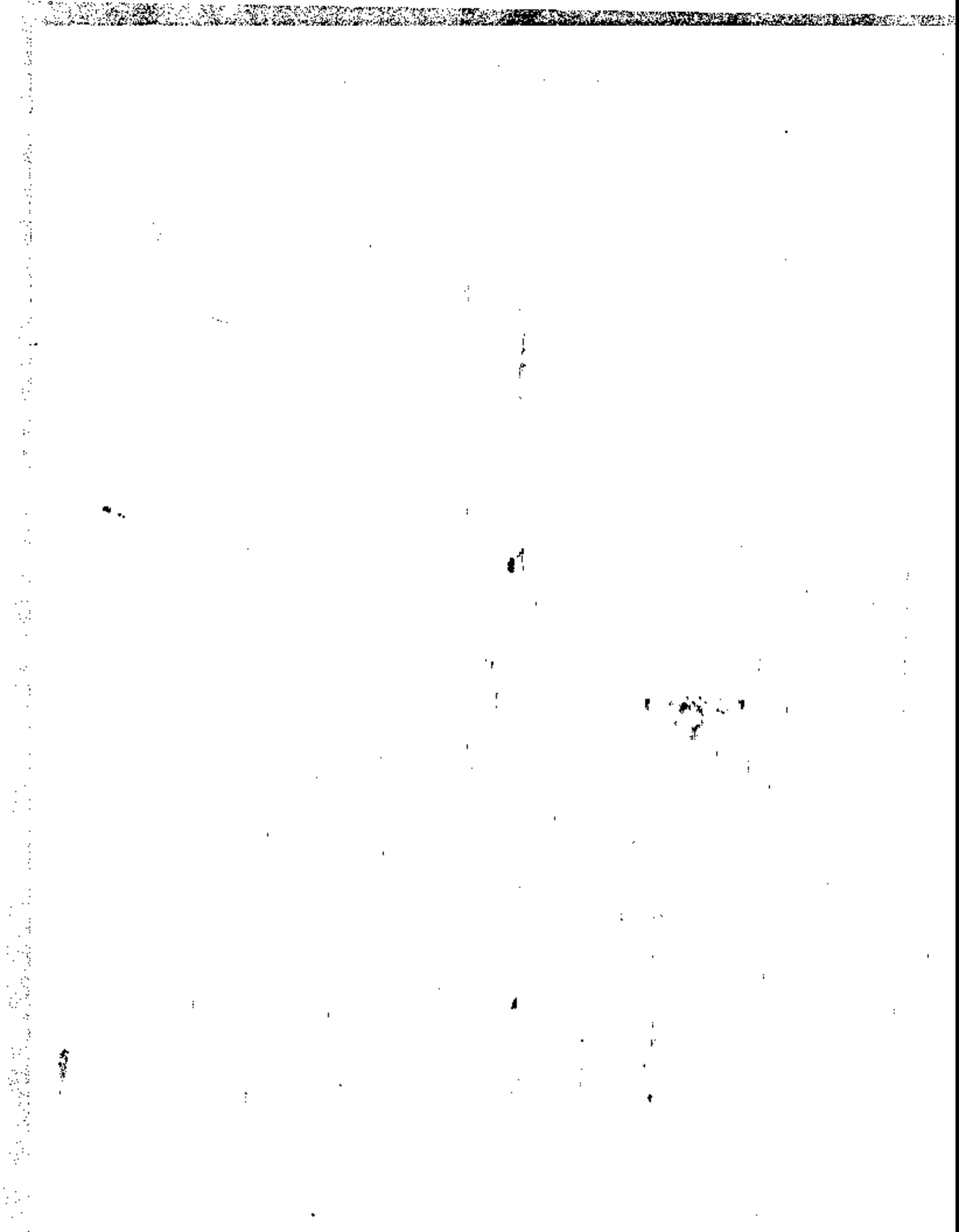
The Privacy Act of 1974
Public Law 93-579

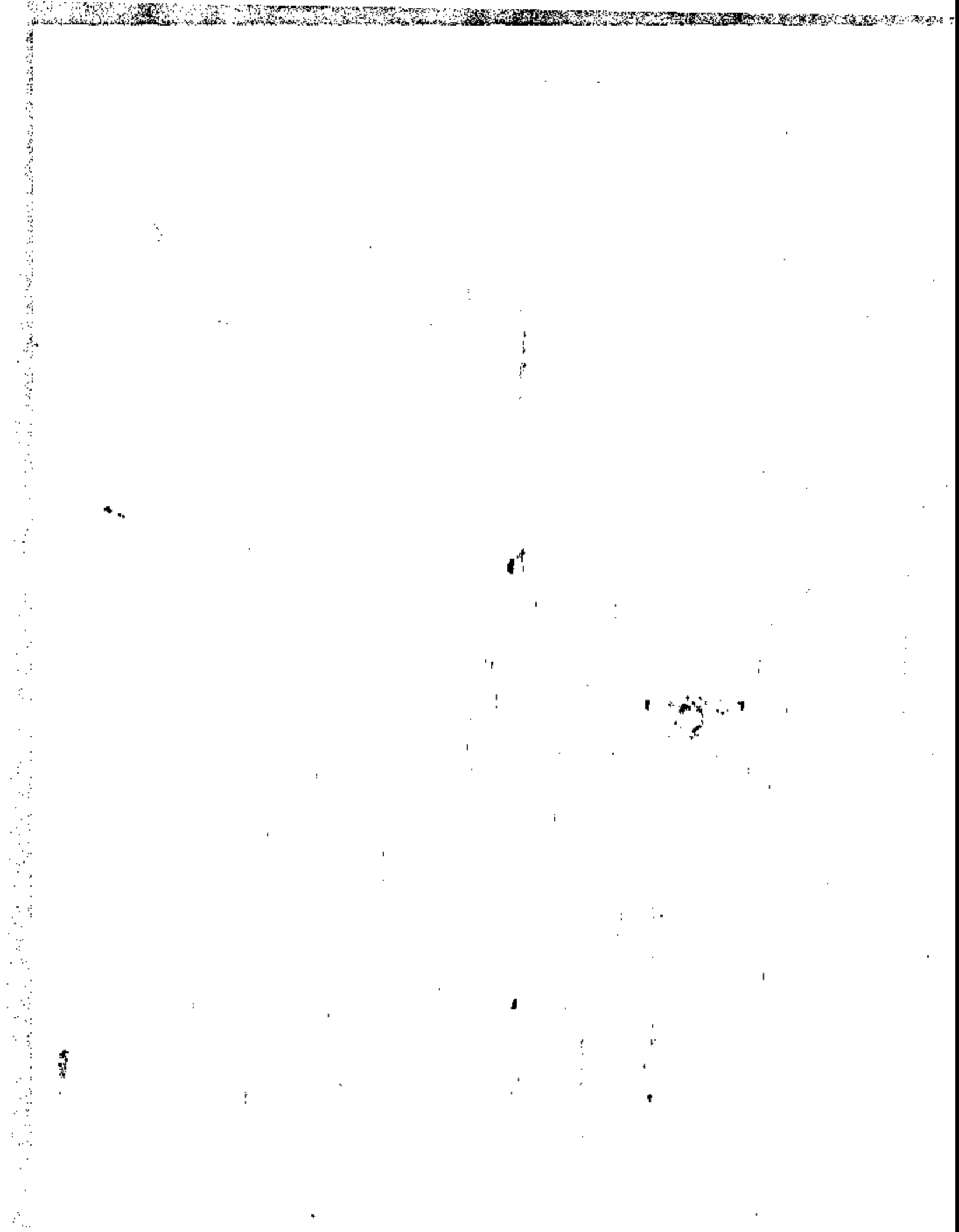
This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. Your are asked to cooperate in responding to this questionnaire. Your response may

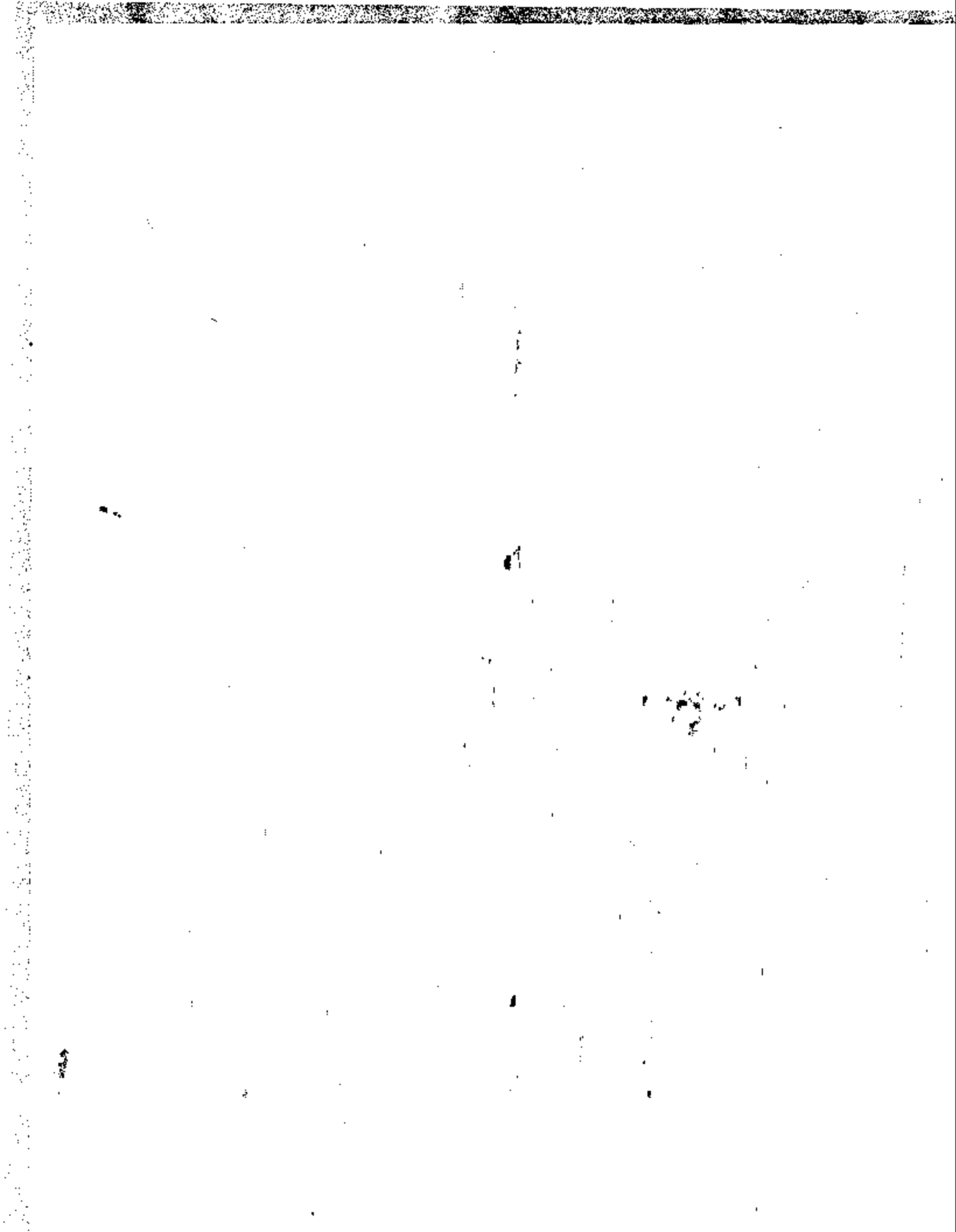
be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statement summarizing material, may be used in support of the agency's action.

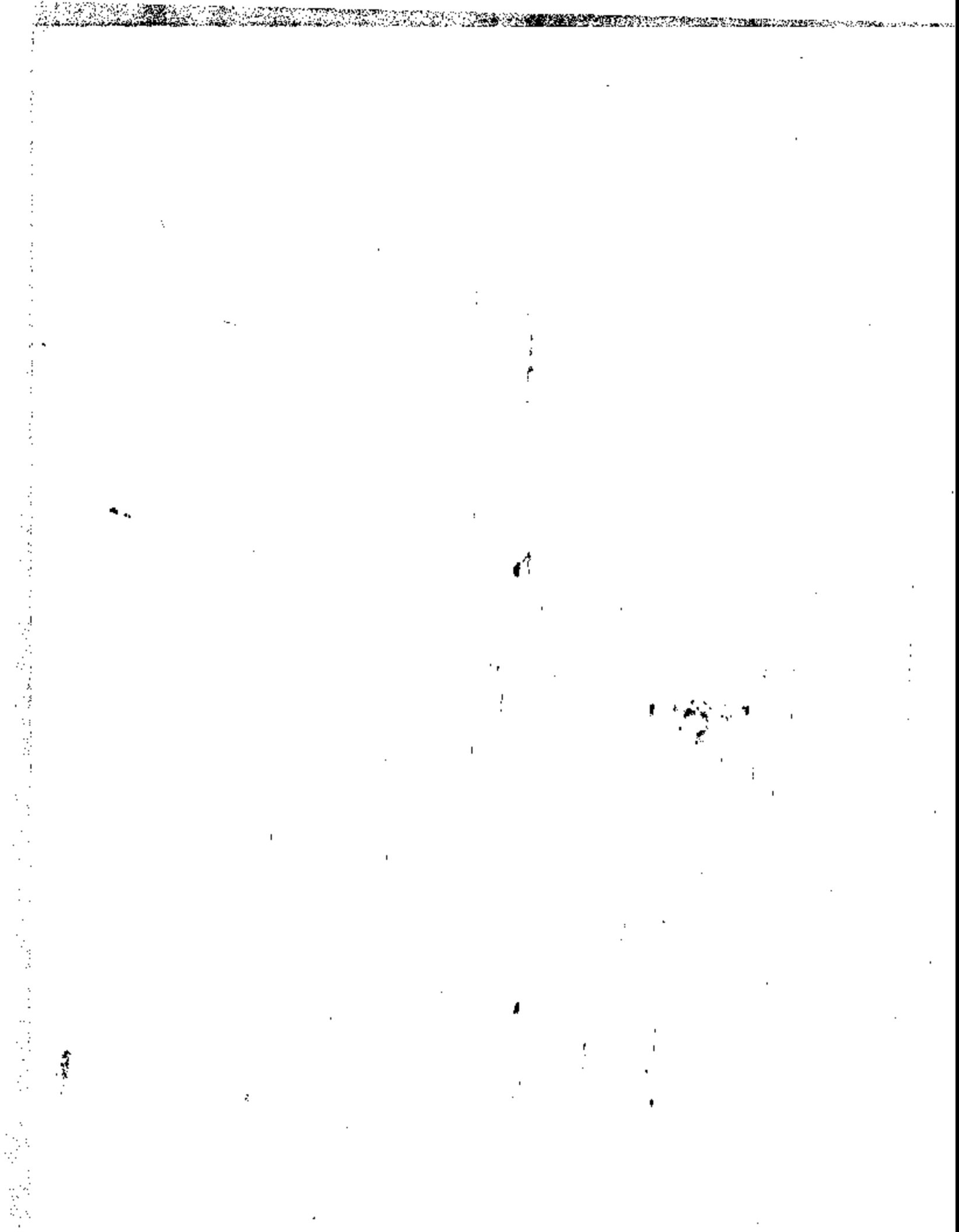


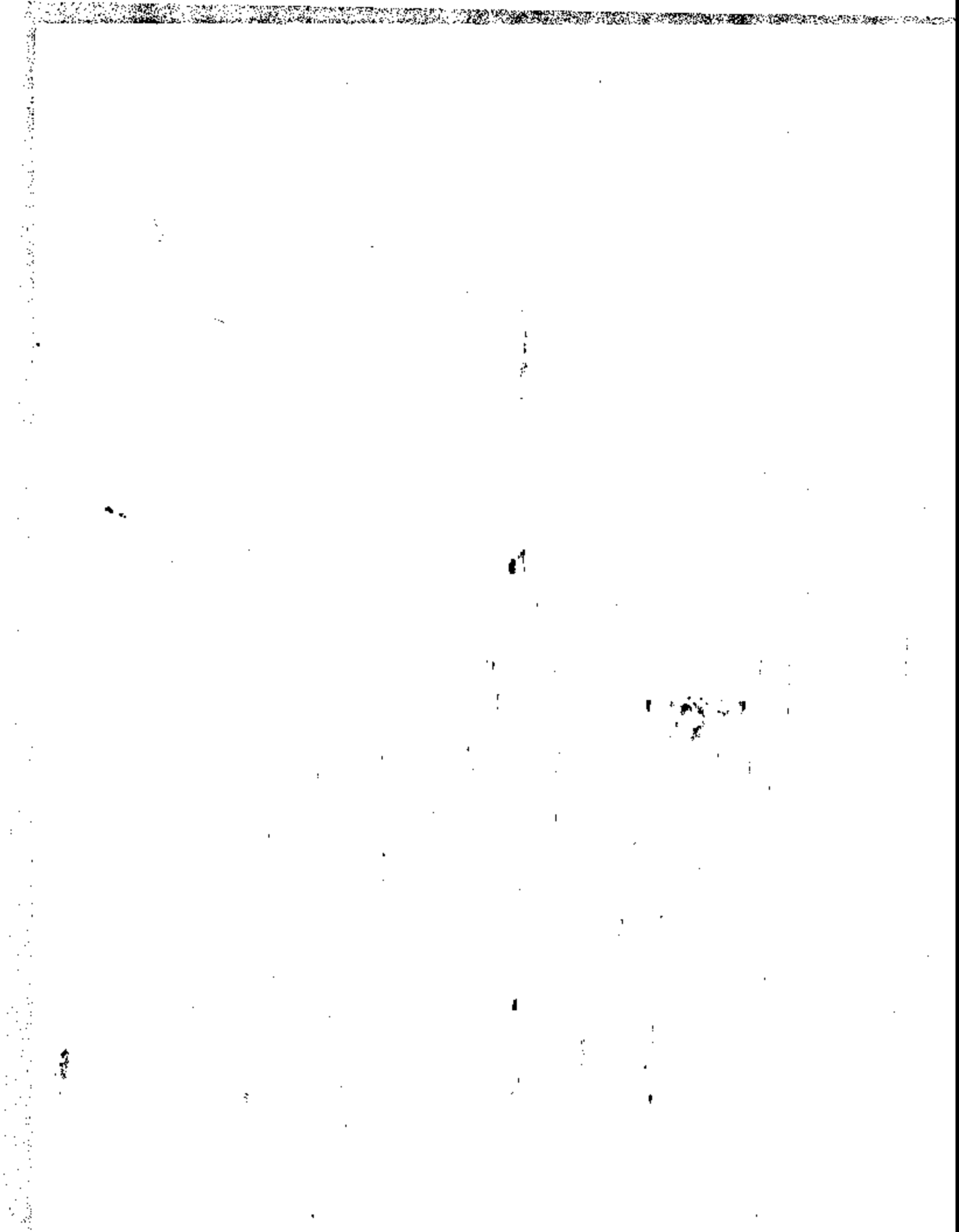


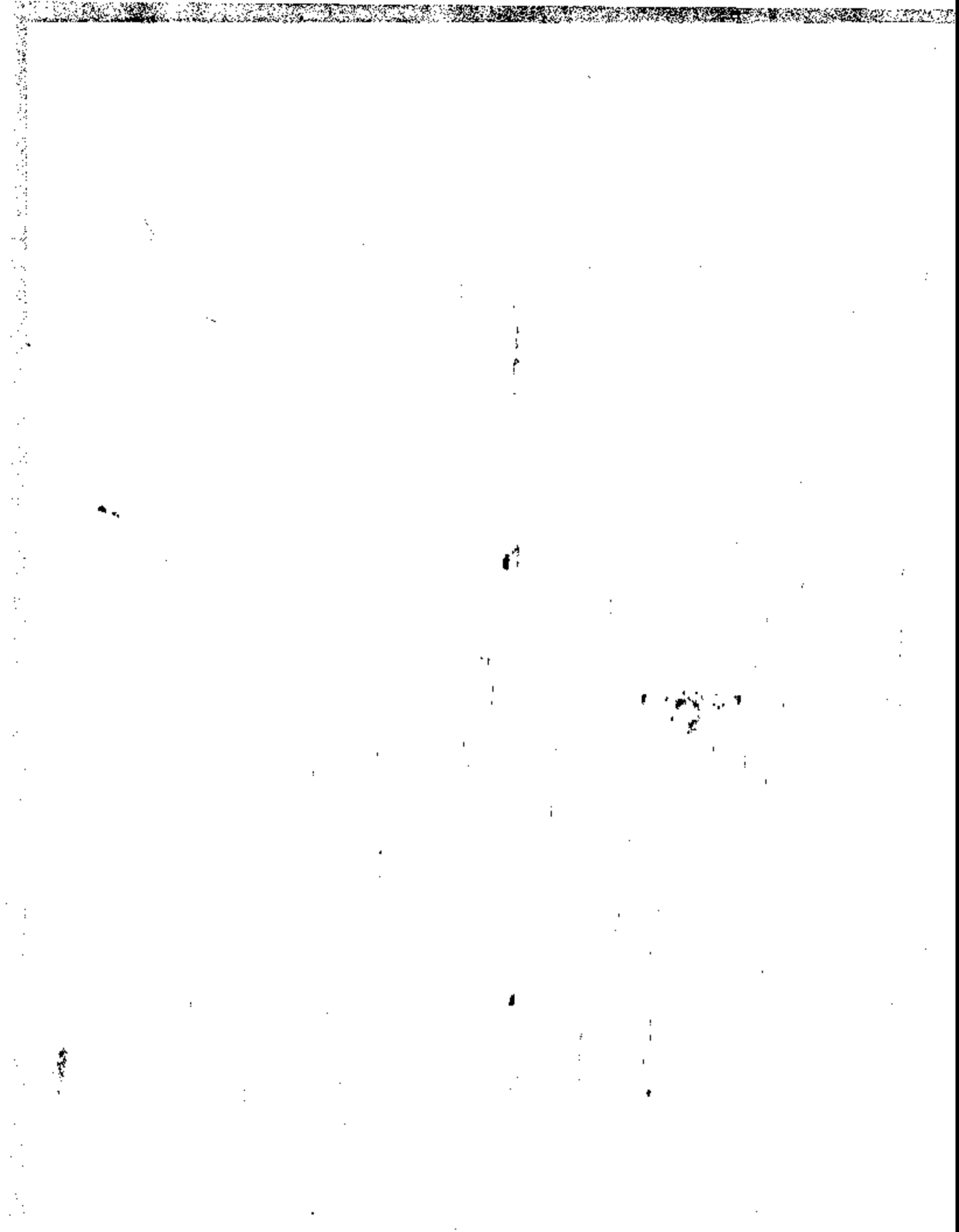


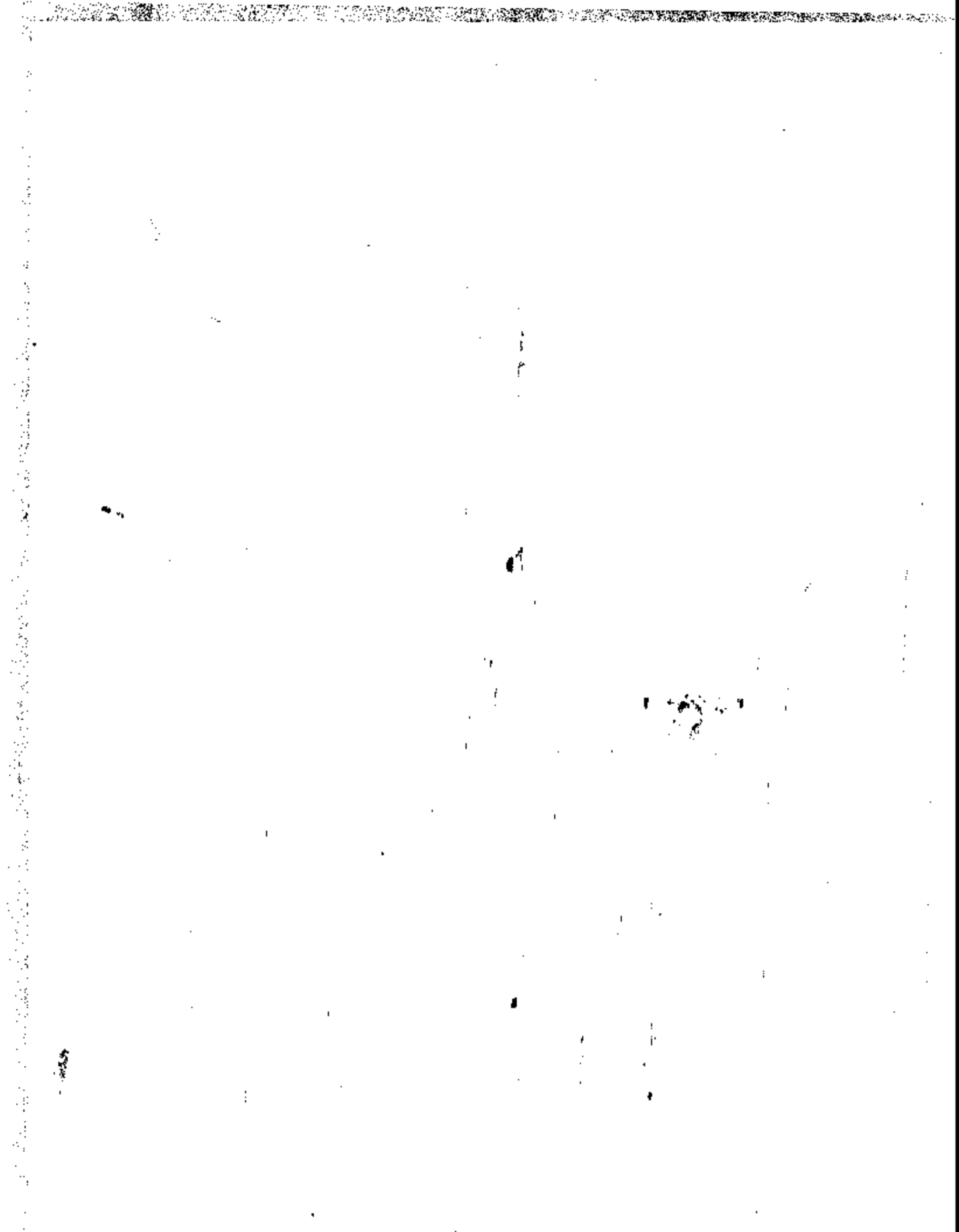


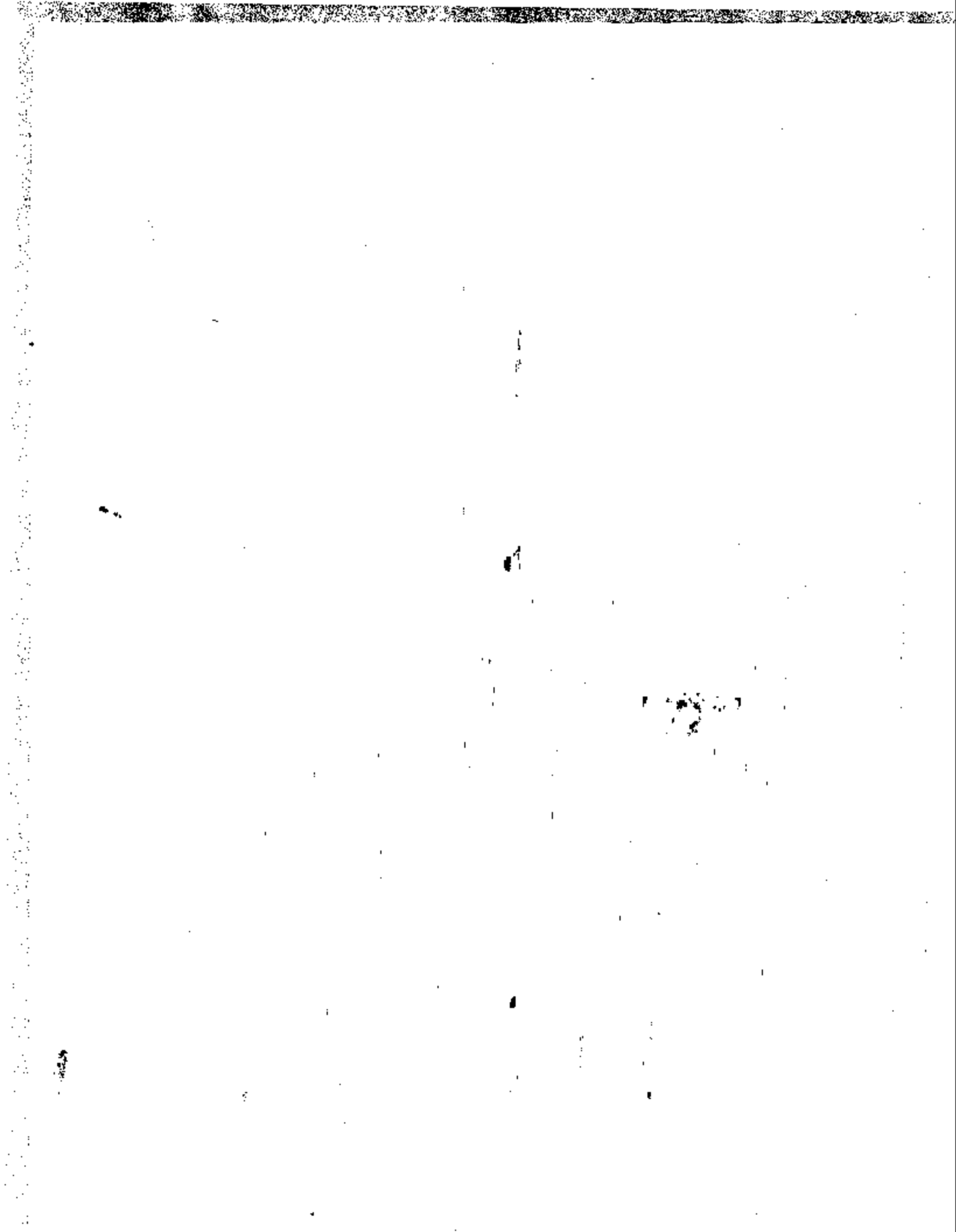


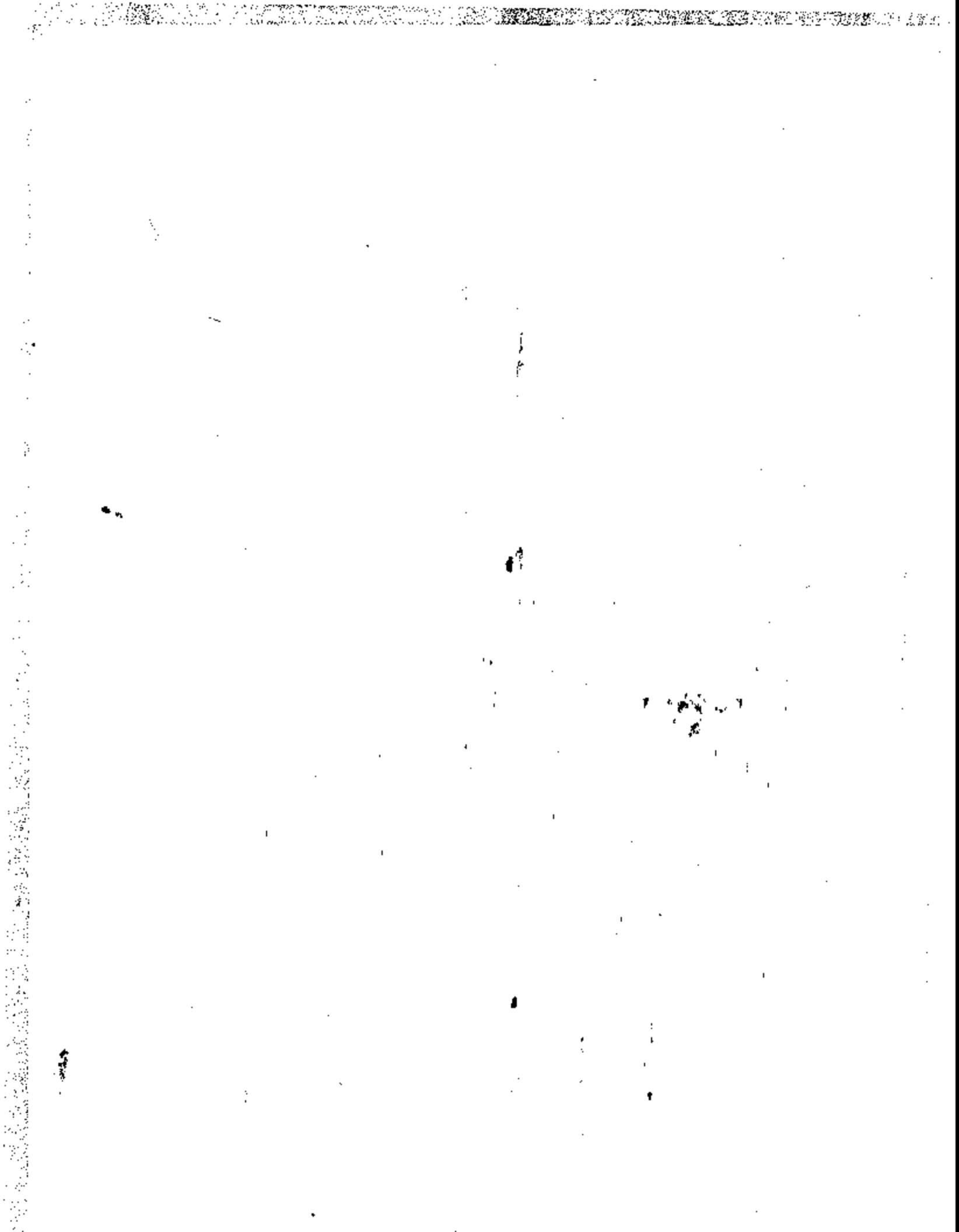


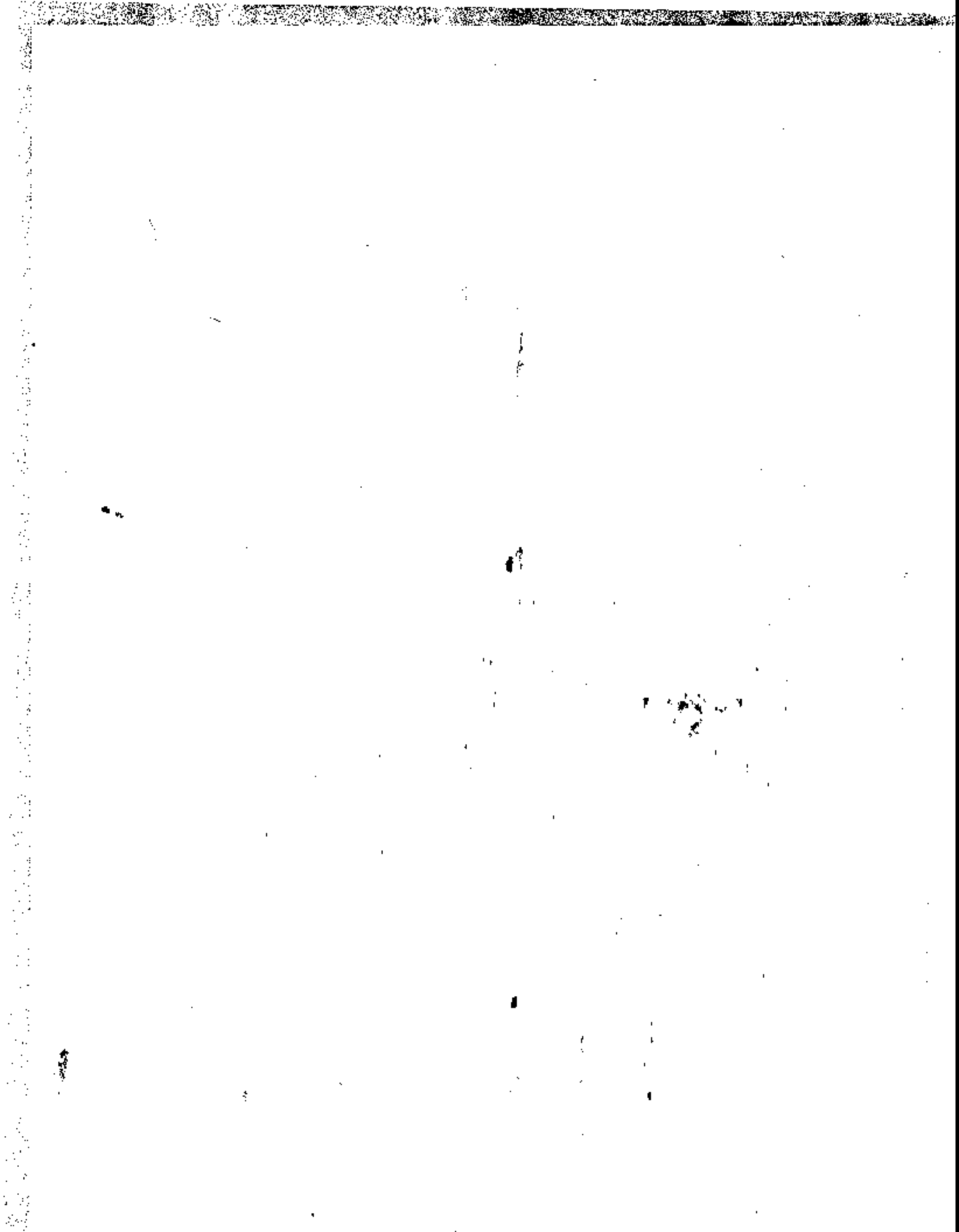


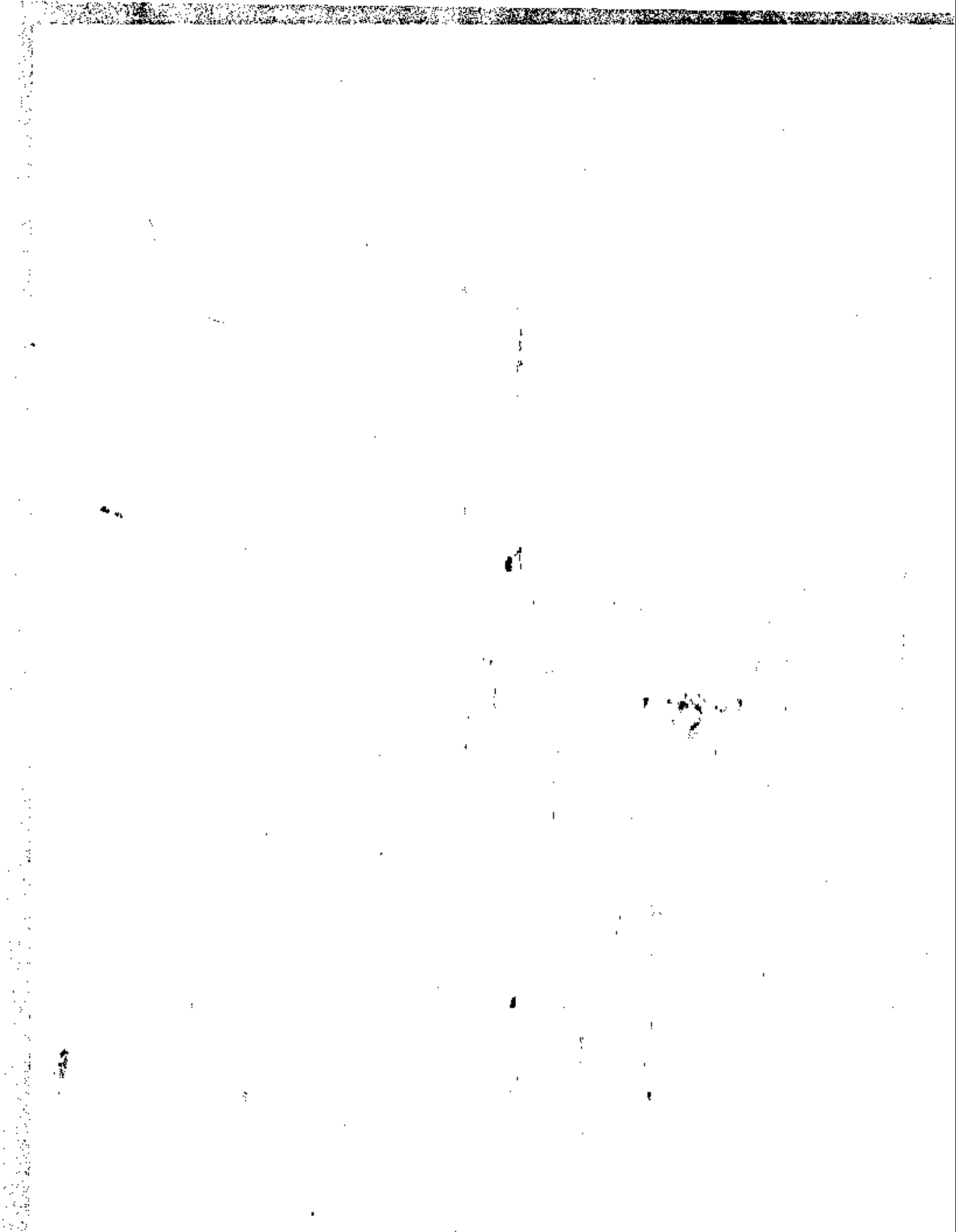


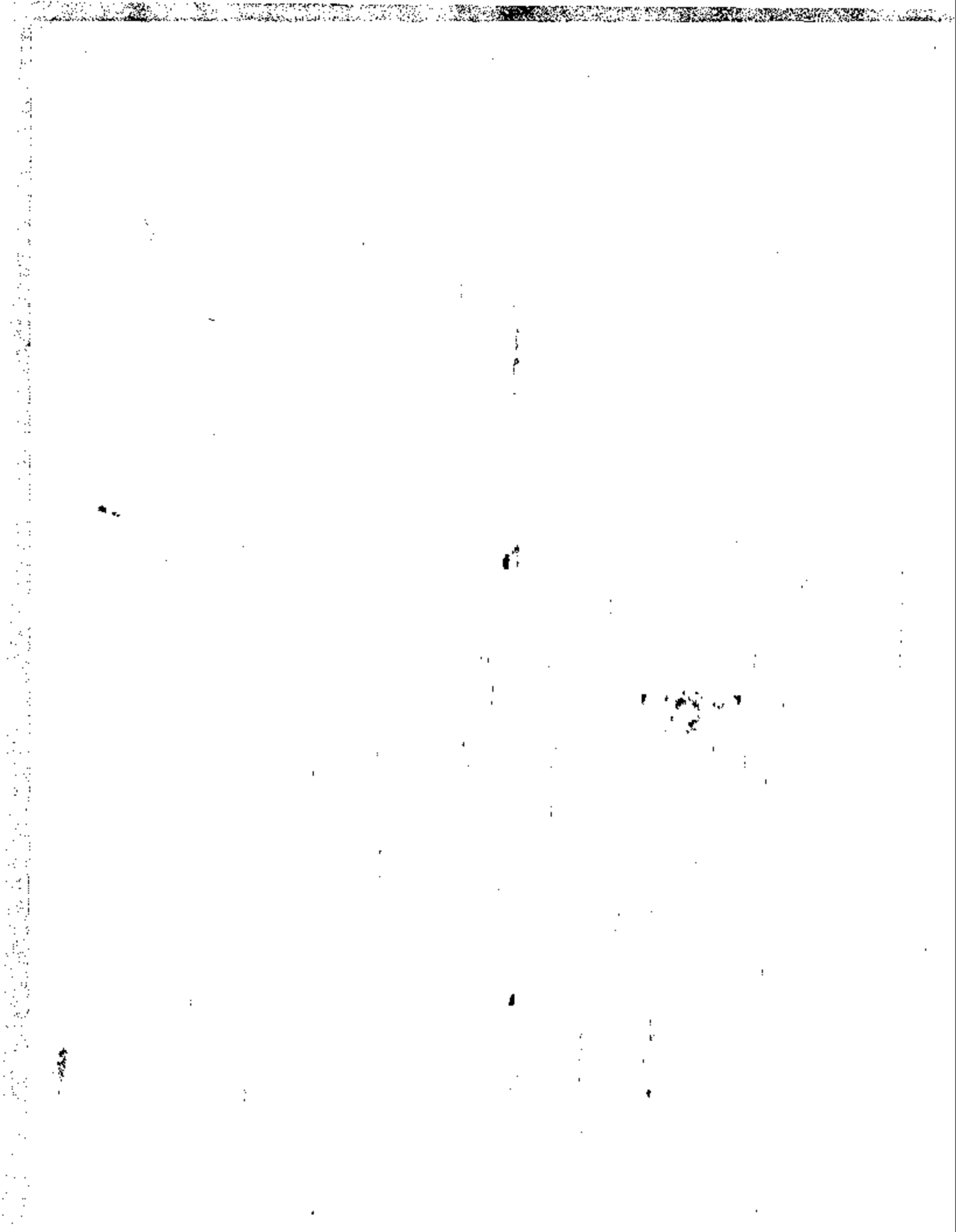


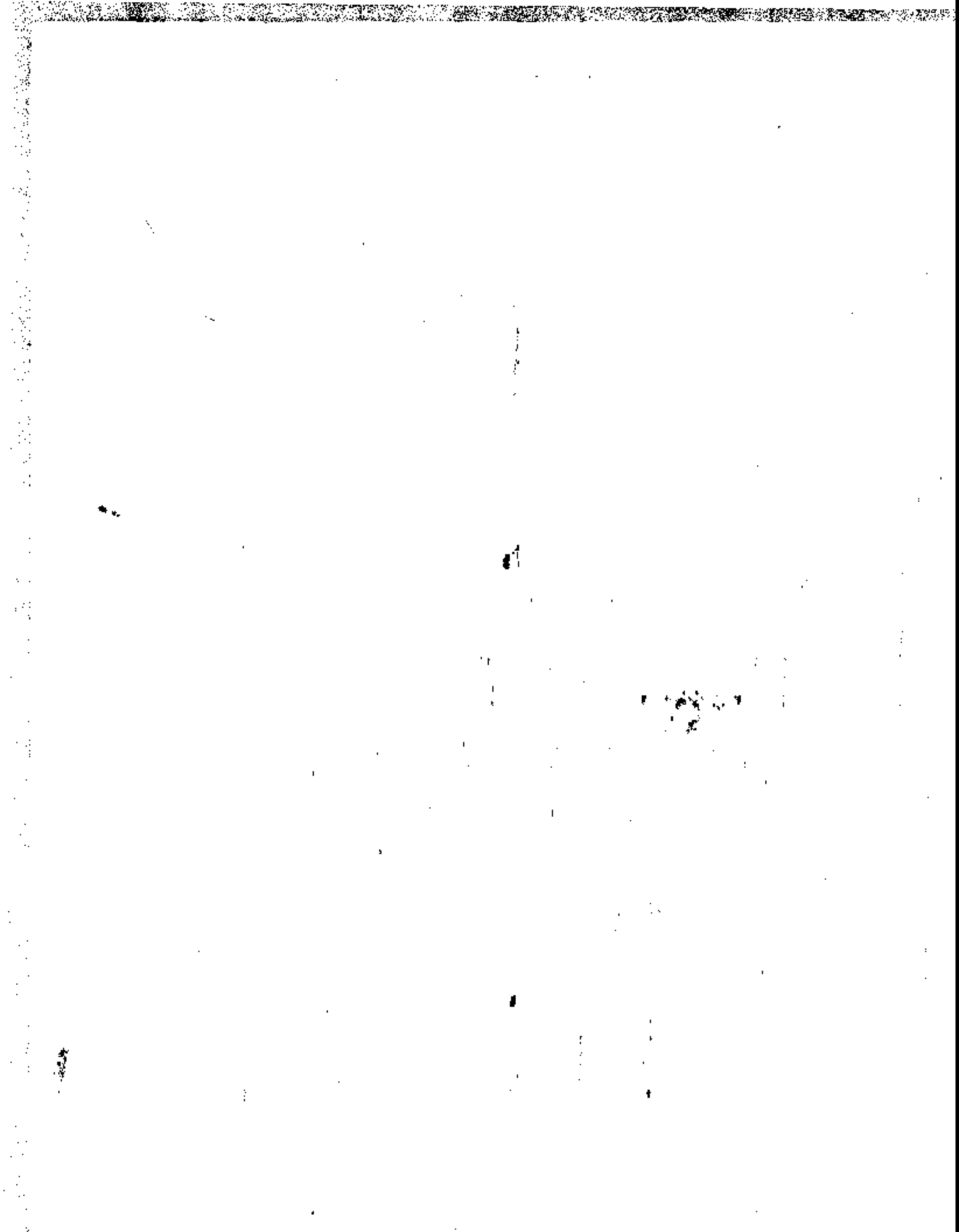


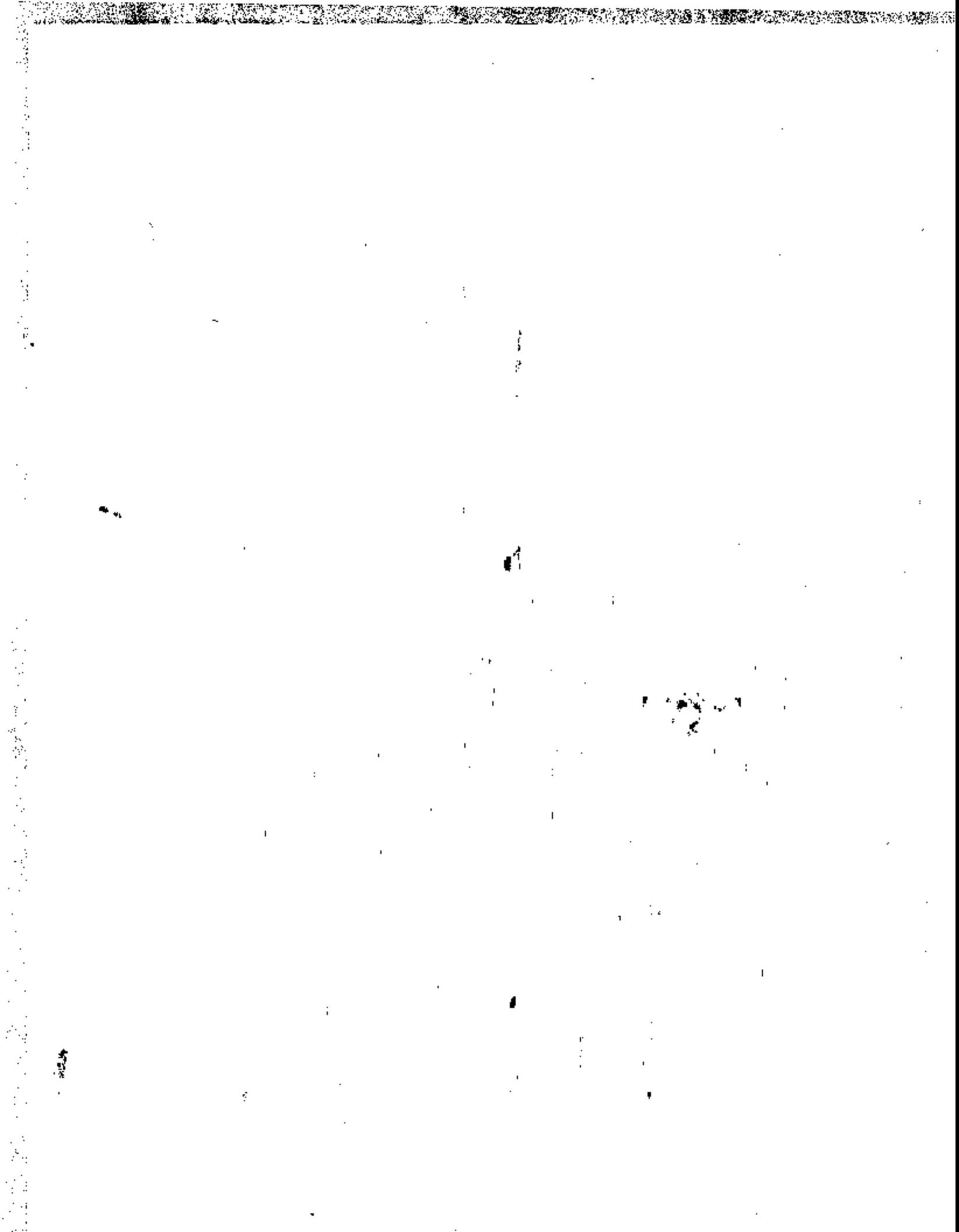


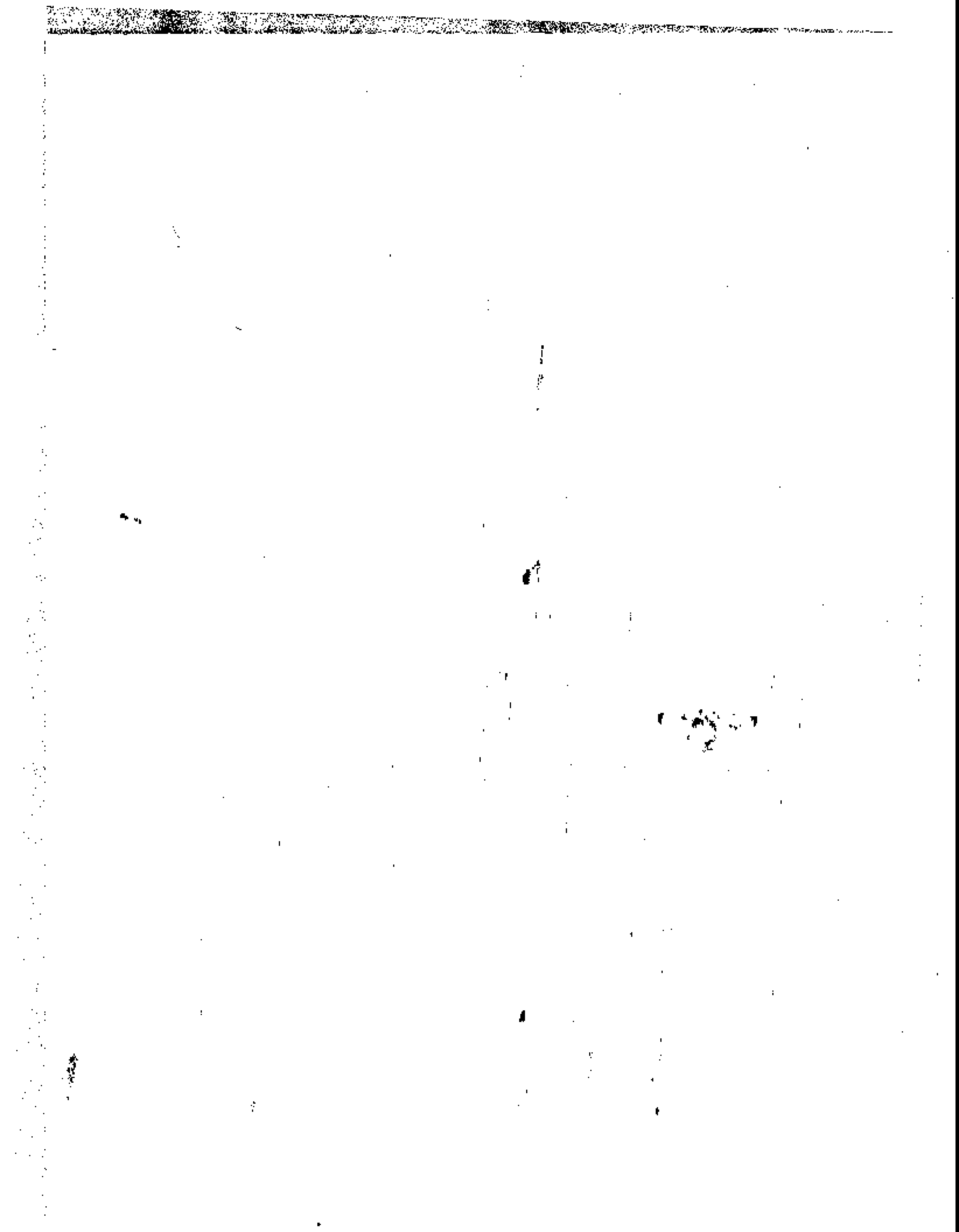


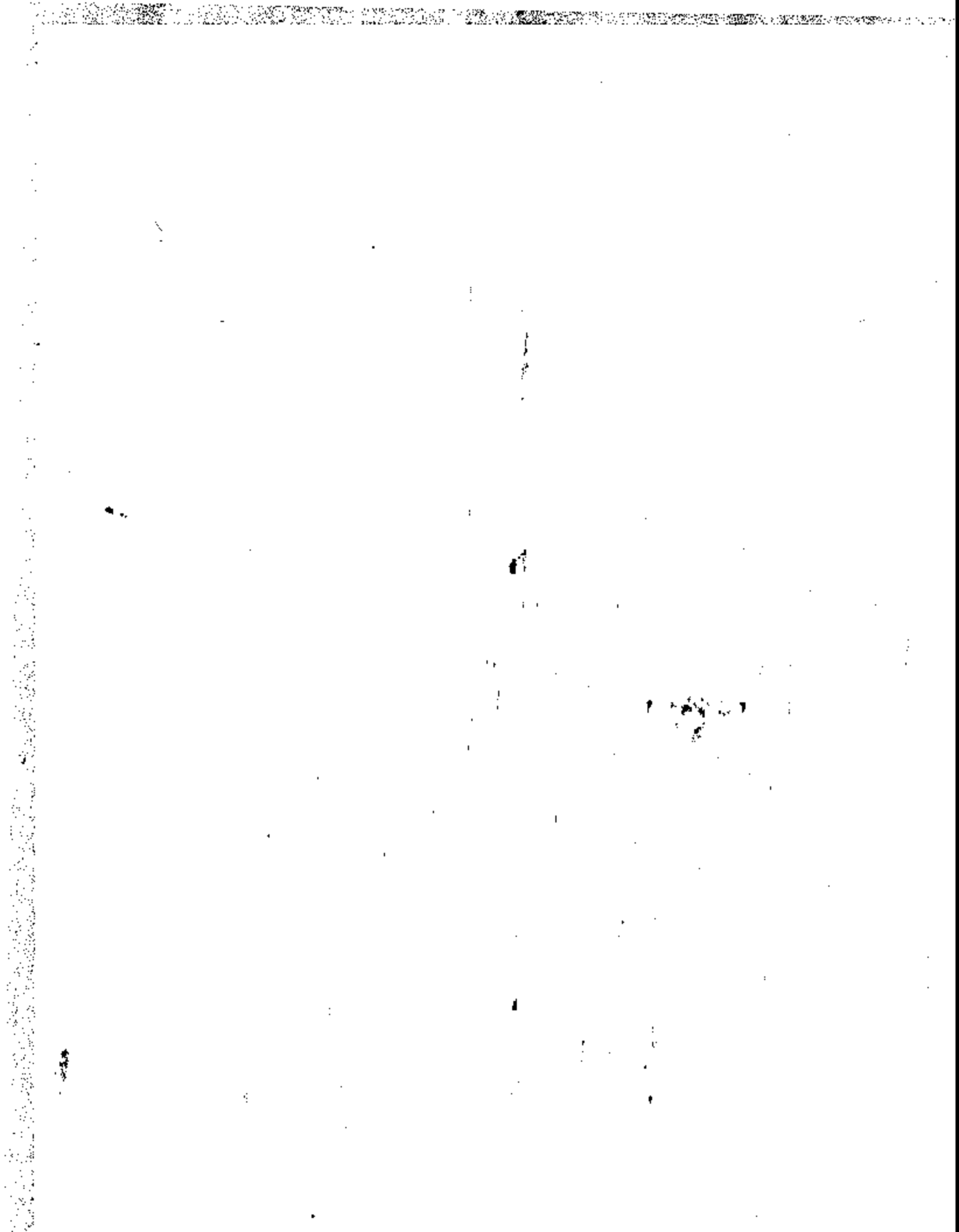


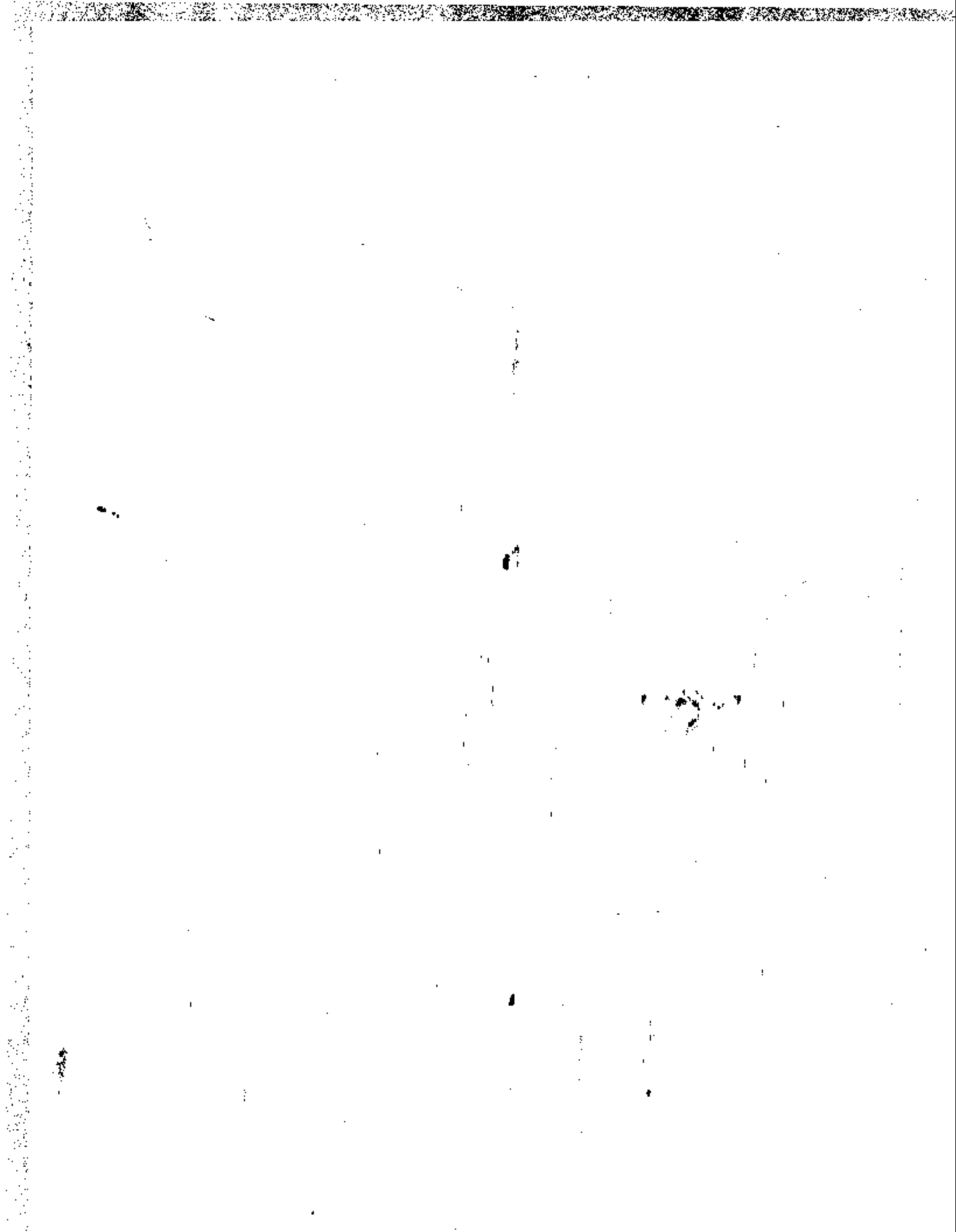


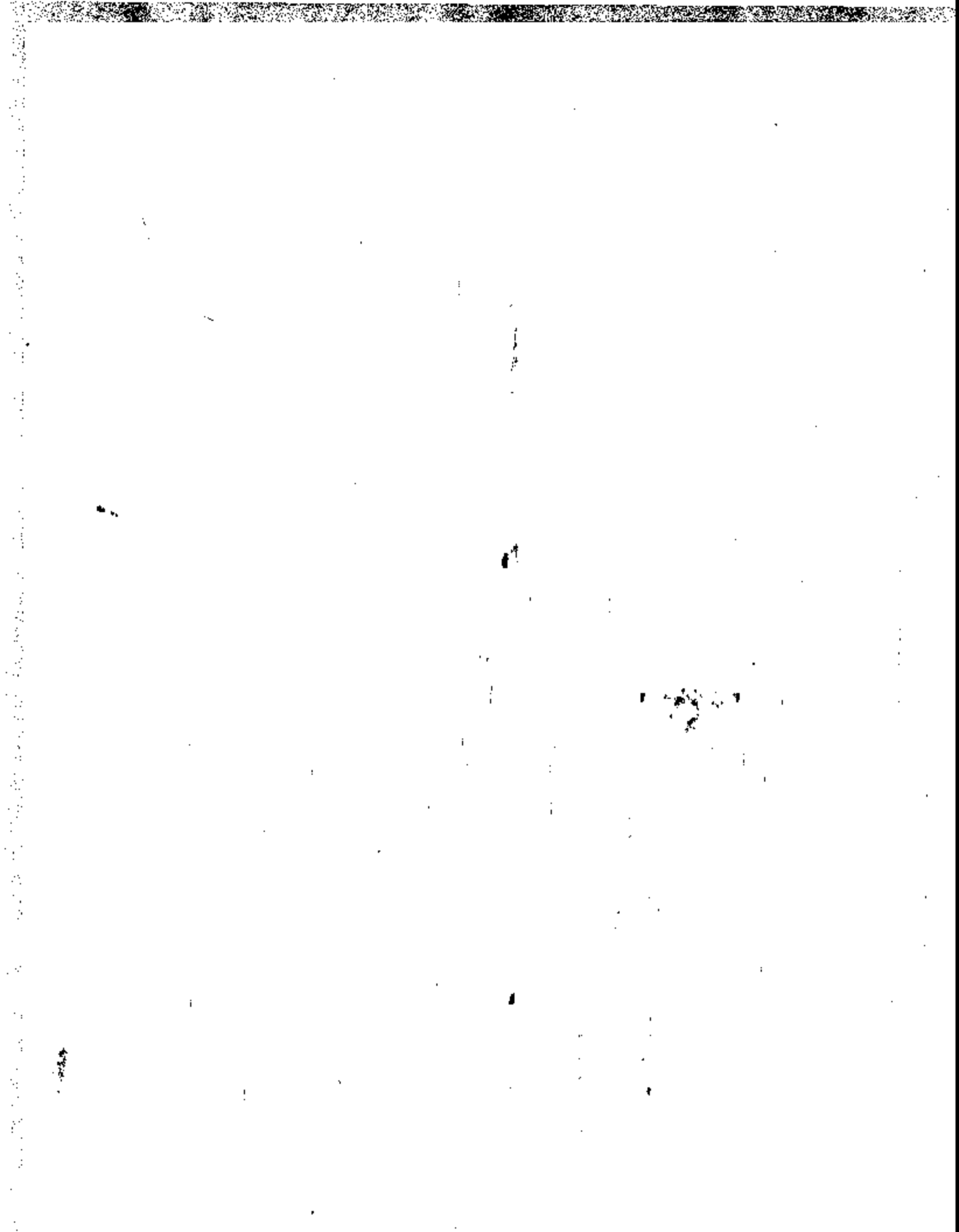


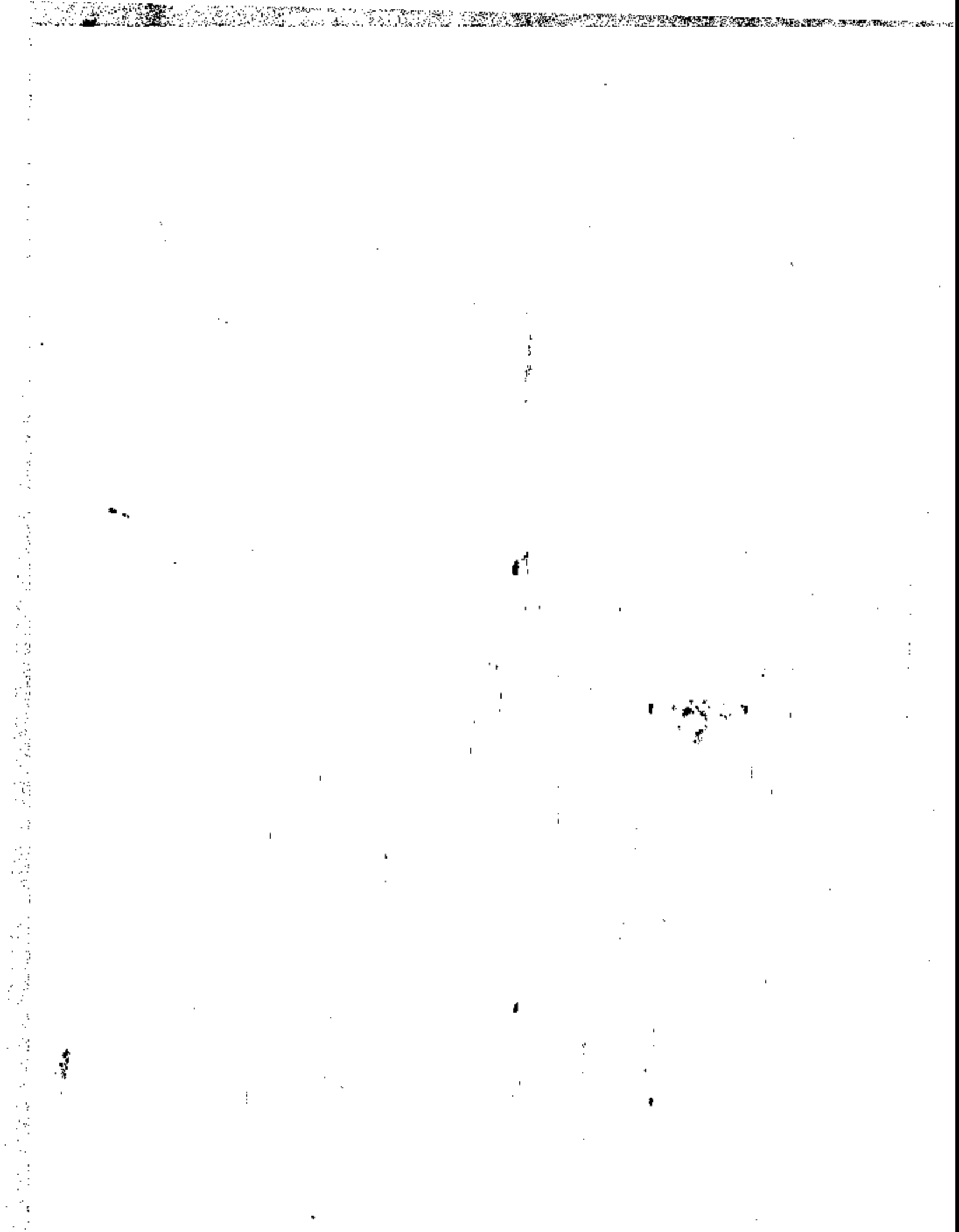


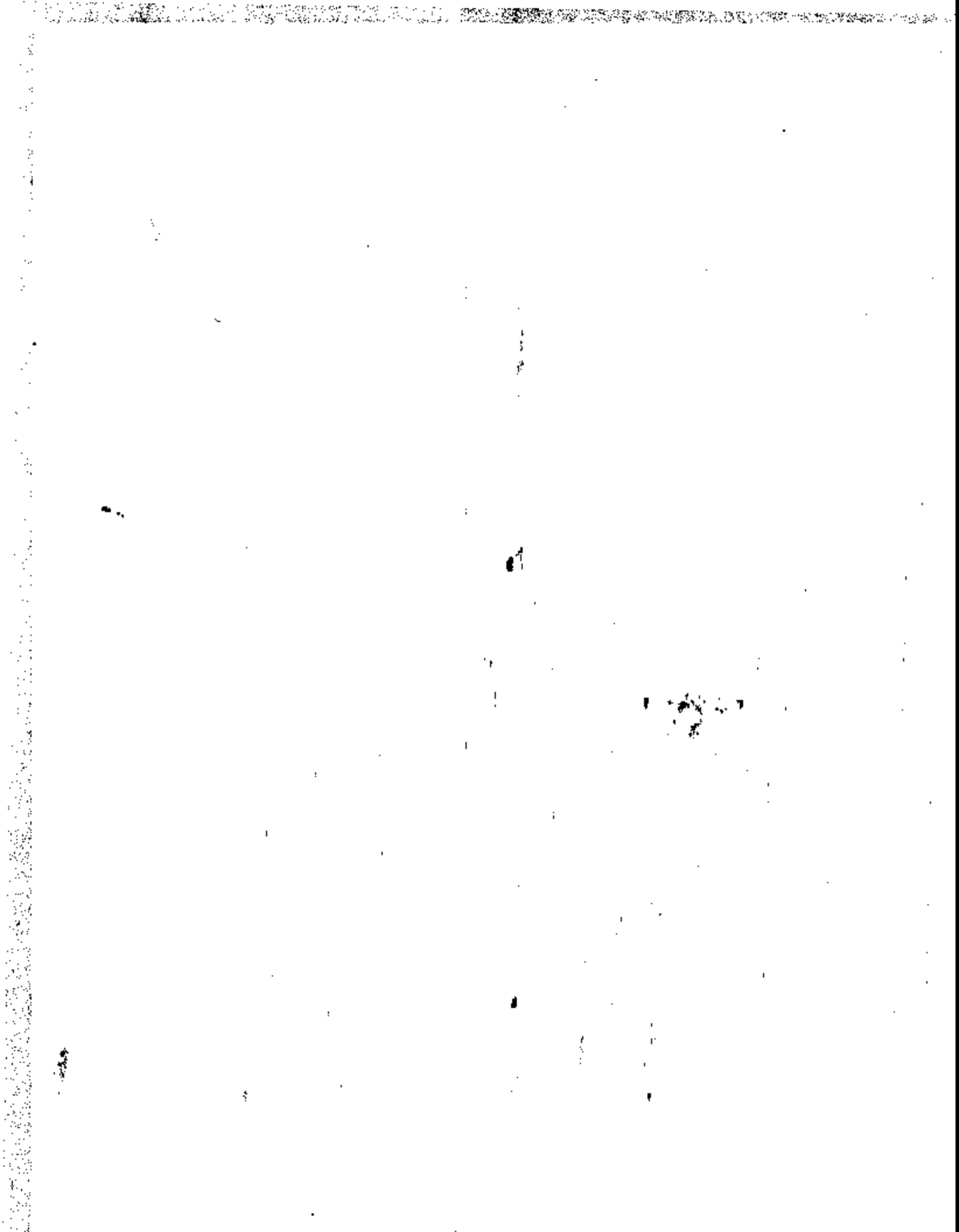


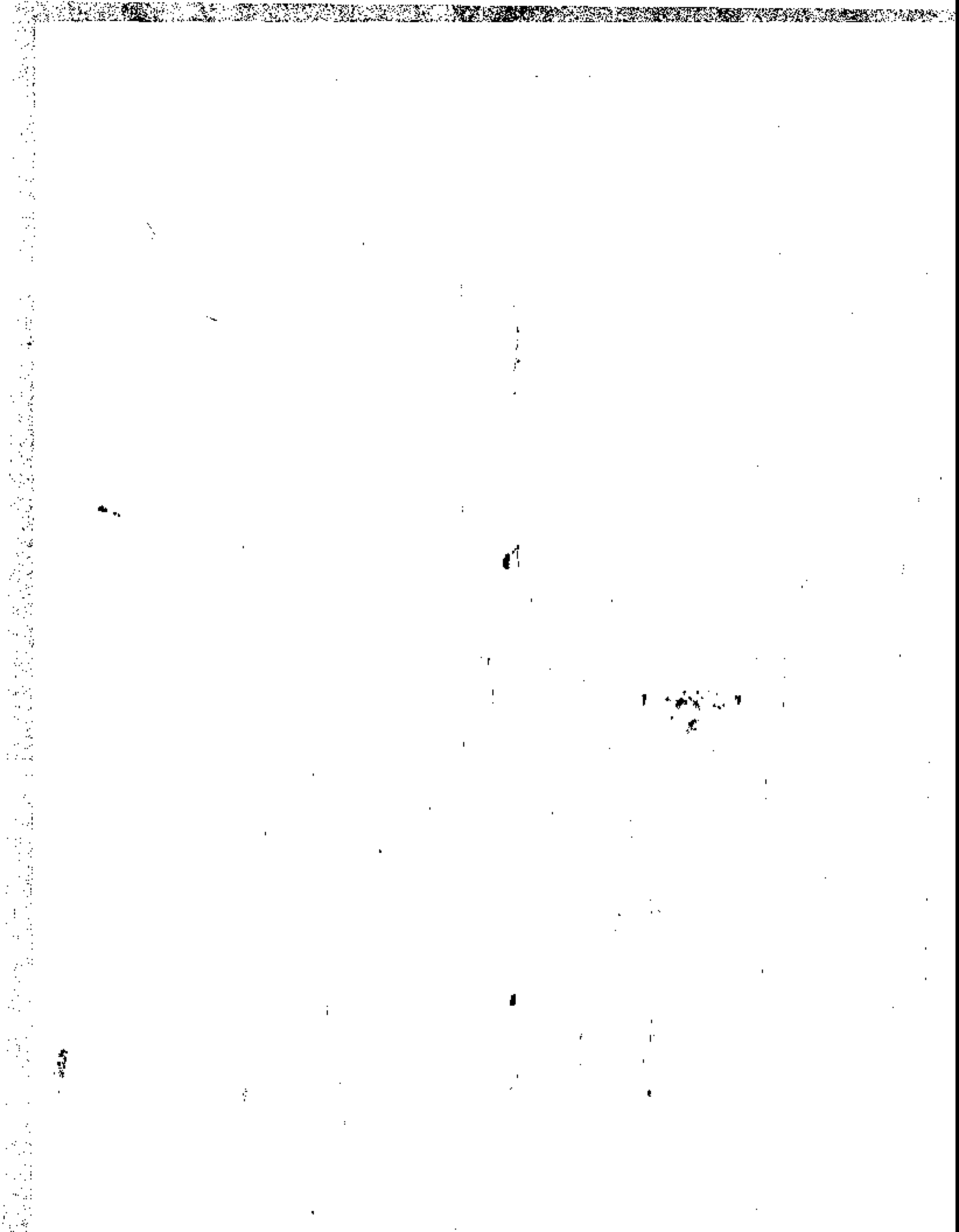


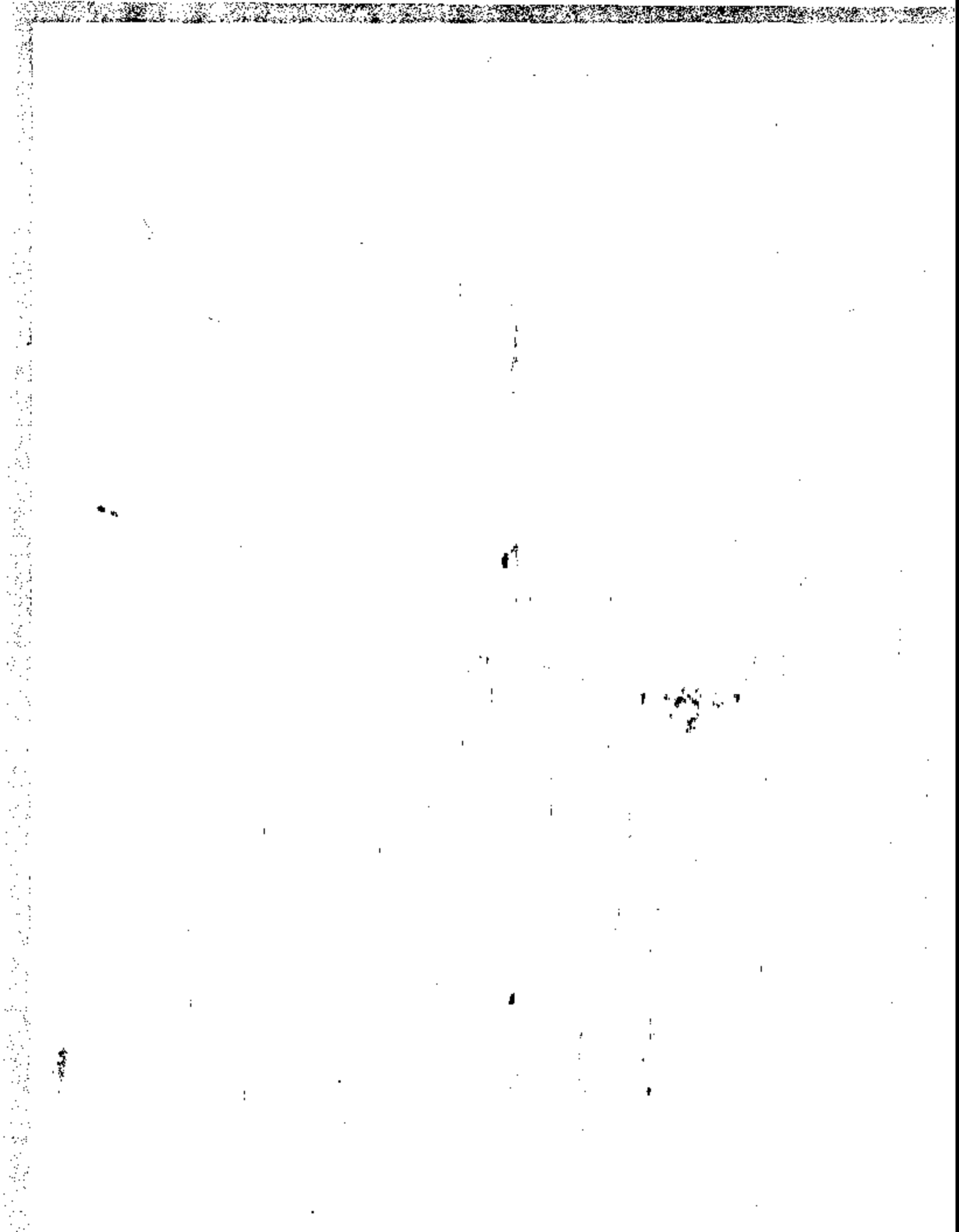


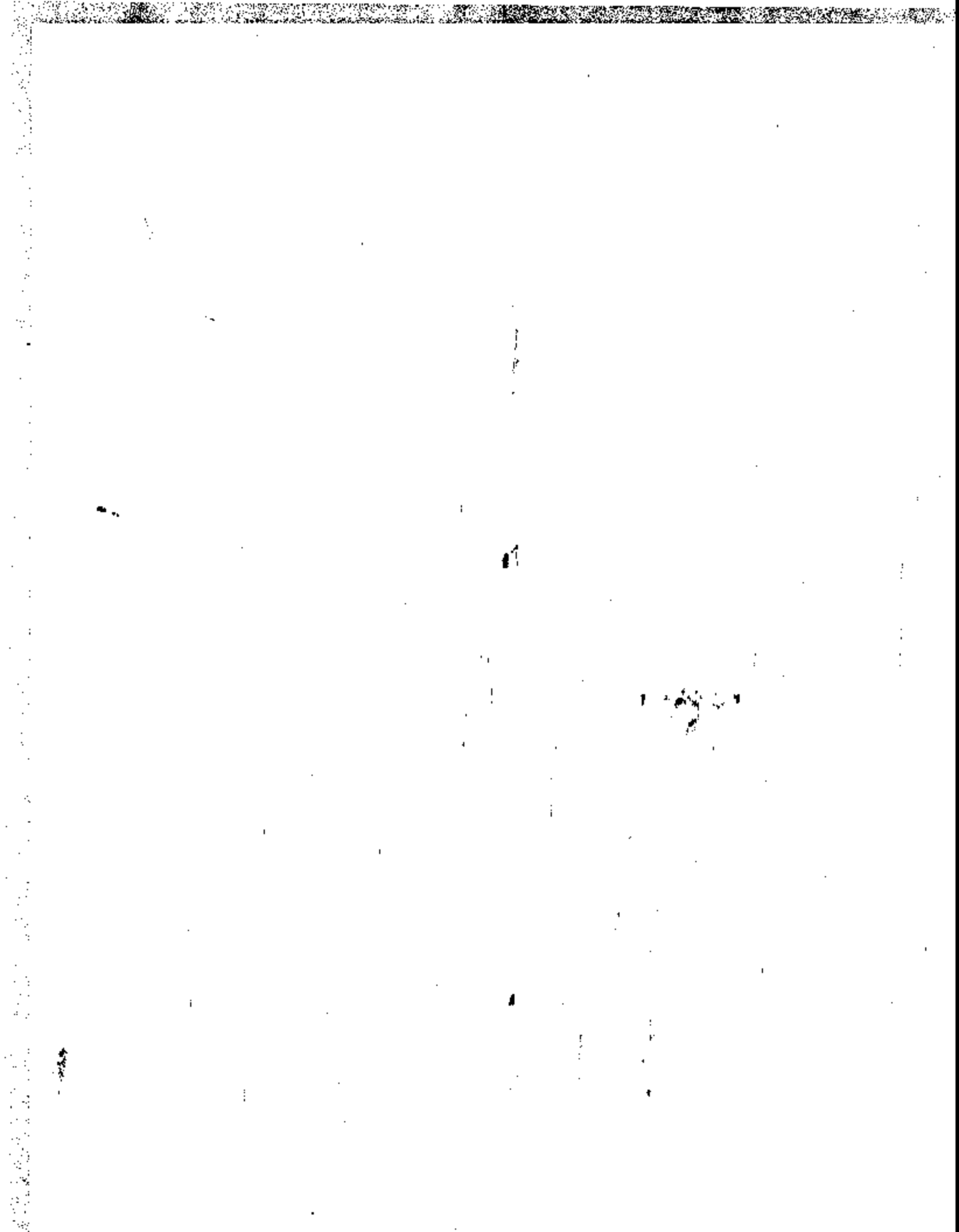


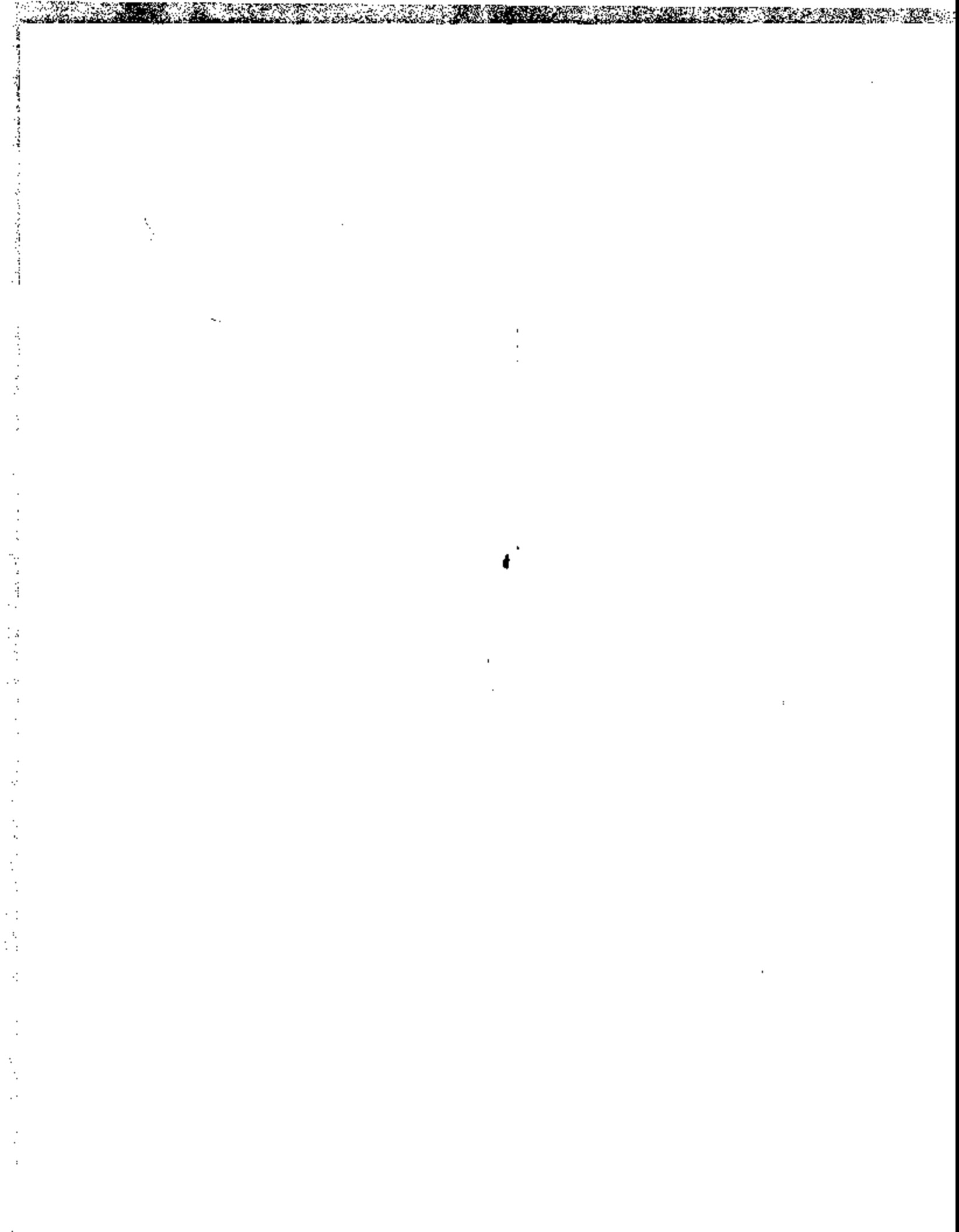


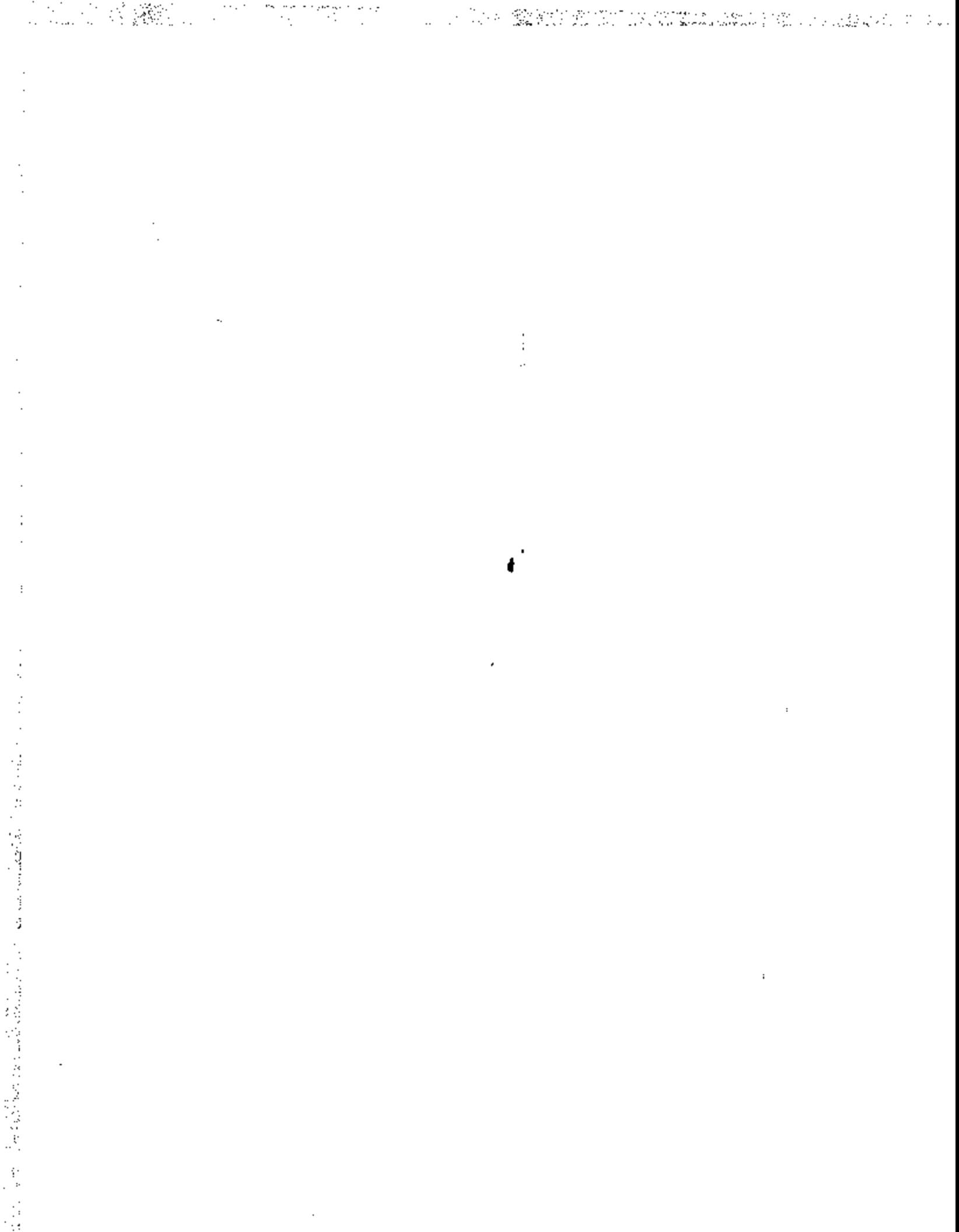


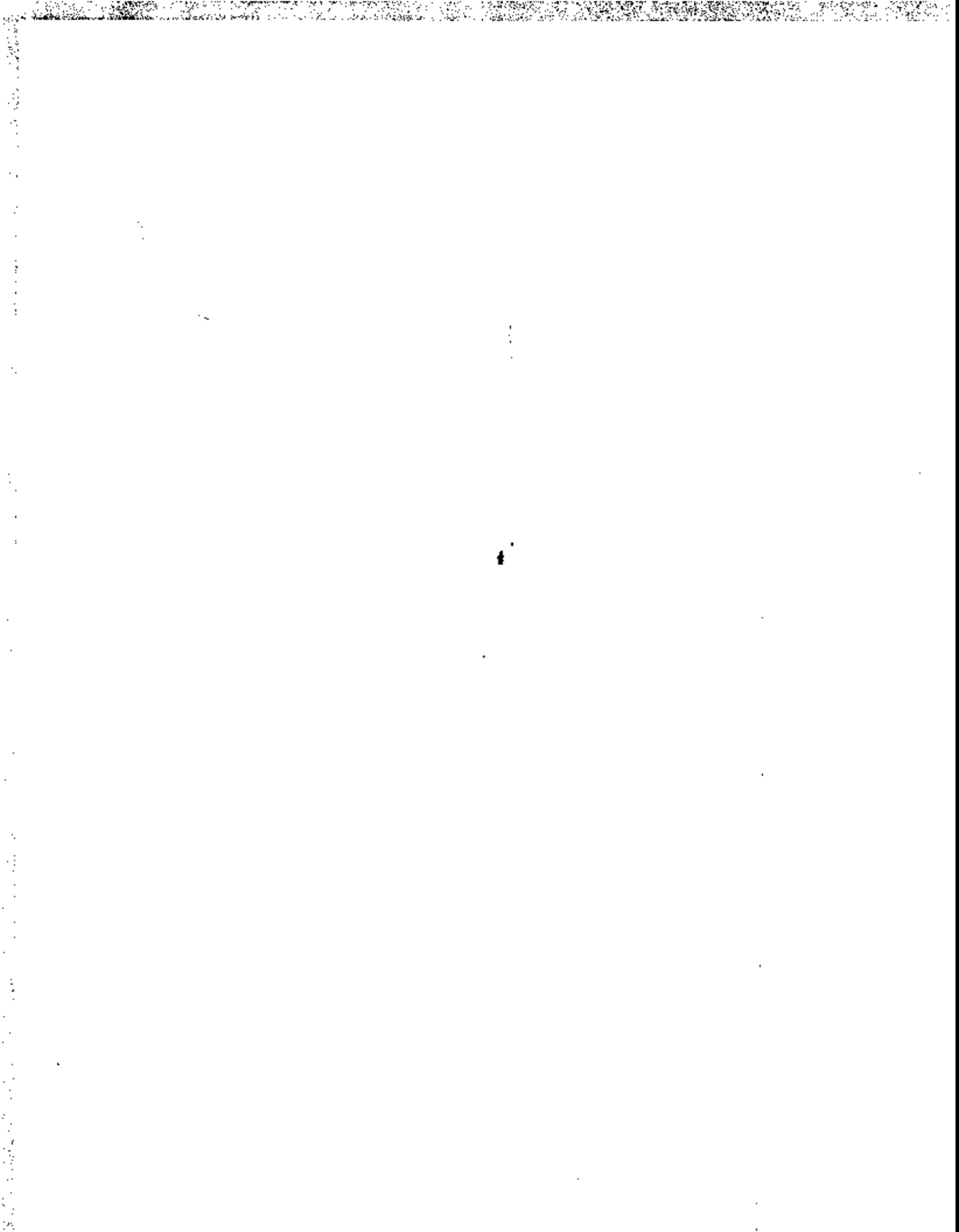


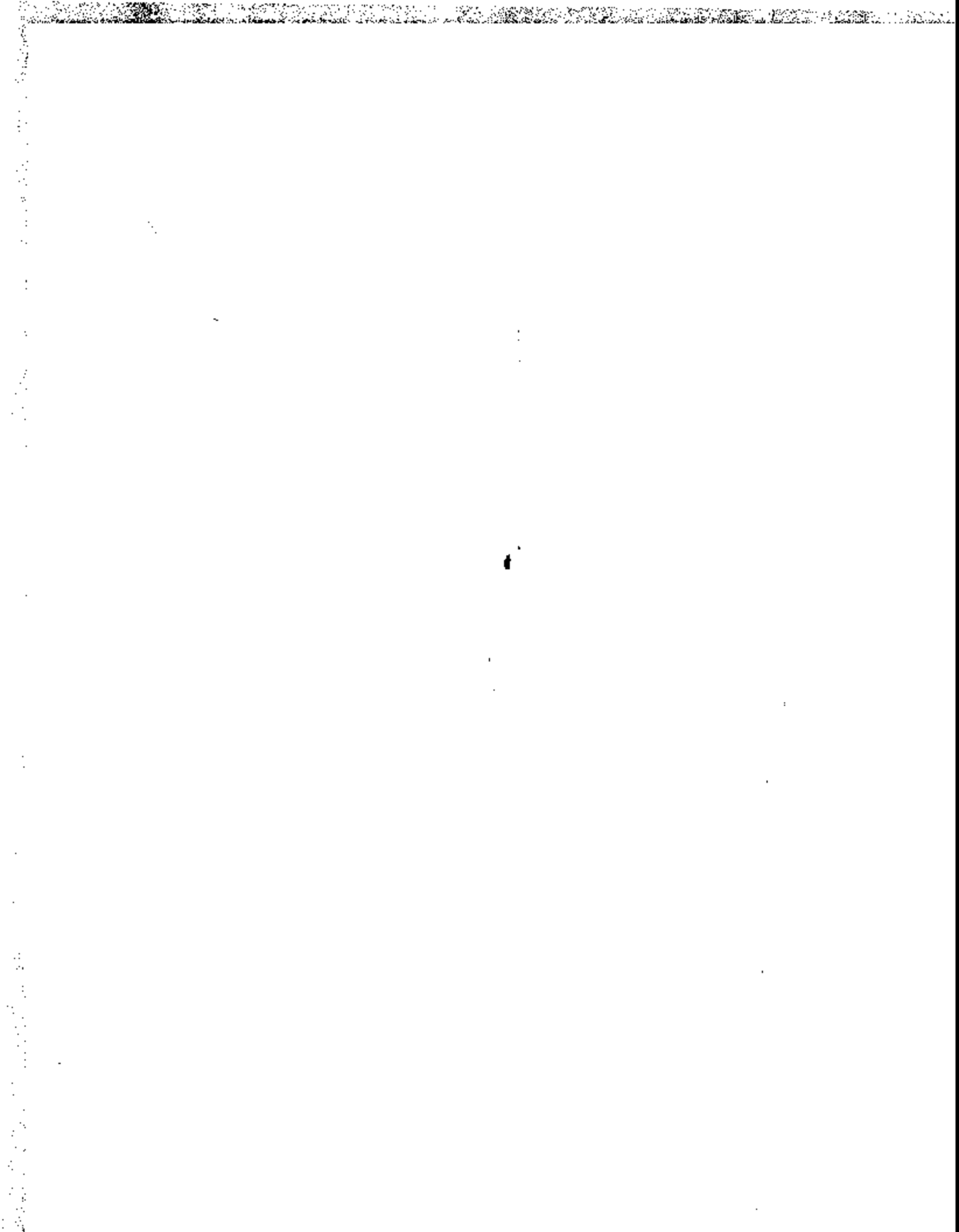


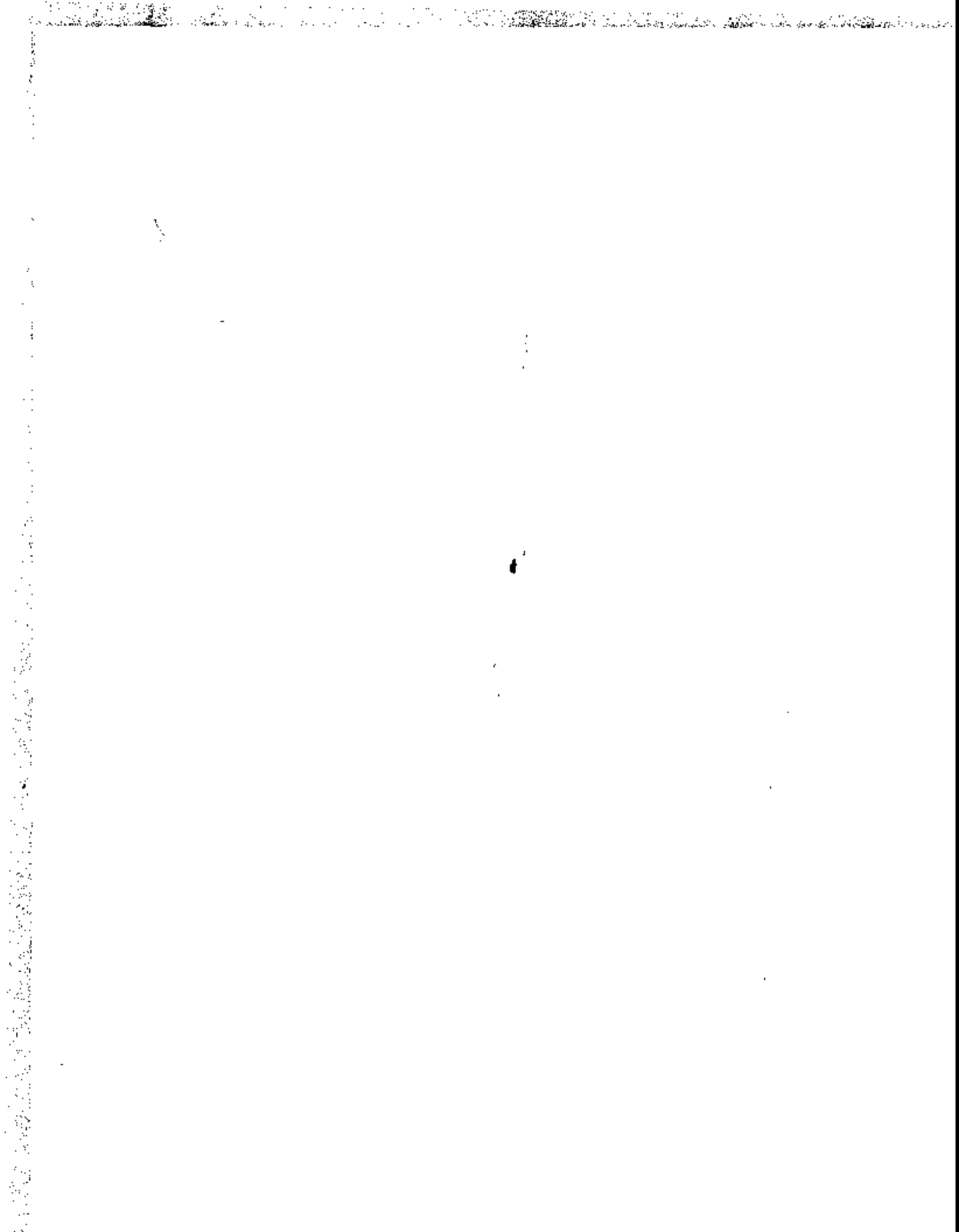


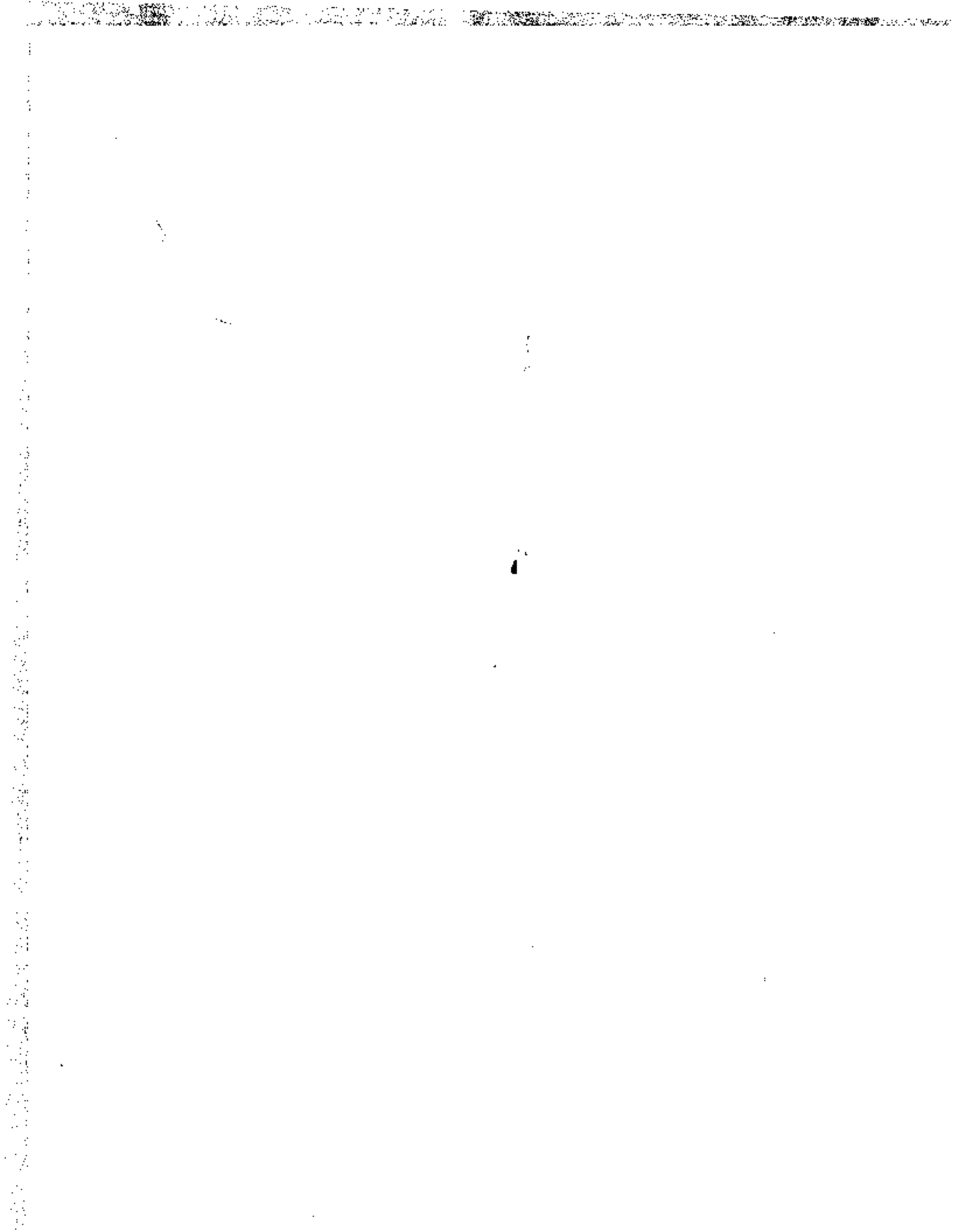












 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONALWIDE 1-800-424-9393 DC METRO AREA 202-368-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED 118 19 Mar 1997	od. or _____ rt. dt. _____ od. rt. _____ up. dr. _____ REFERENCE NO. 810171
NAME and ADDRESS MARY CLEMENCE 150 CENTRAL AVENUE MADISON NJ 07040		DAY TIME TELEPHONE NO. (AREA CODE) 201-377-9883	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. * VS3DM55R5R2013320		VEHICLE MAKE SAAB	VEHICLE MODEL 900
MODEL YEAR 1994		NO. CYLINDERS _____	
CURRENT ODOMETER READING _____	DATE PURCHASED _____ ☐ NEW ☐ USED	DEALER'S NAME, CITY & STATE _____	
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTILOCK BRAKES ☐ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG L. MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	ENGINE SIZE (CID/GC/L) _____ ☐ THRO DIESEL ☐ GAS ☐ FUEL INJECTN NO. CYLINDERS _____
CRUISE CONTROL ☐ YES ☐ NO	DRIVE SHAFT ☐ FRONT ☐ REAR ☐ 4-WHEEL	BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK LP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION ☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 12-DEC-96 MILEAGE AT FAILURE(S) 28000 VEHICLE SPEED AT FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☐ NO	FIRE ☐ YES ☐ NO	NUMBER OF PERSONS INJURED _____	NUMBER OF FATALITIES _____
PROPERTY DAMAGE EST\$ _____		POLICE REPORTED ☐ YES ☐ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) INTERMITTENTLY, WHEN GOING FROM 2ND GEAR TO 3RD GEAR AND FROM 1ST TO 2ND THE GEAR WILL POP OUT SO THAT ONE HAS TO FORCE THE GEAR INTO PLACE. DEALER CANNOT FIND ANYTHING WRONG WITH VEHICLE. *AK			
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.	

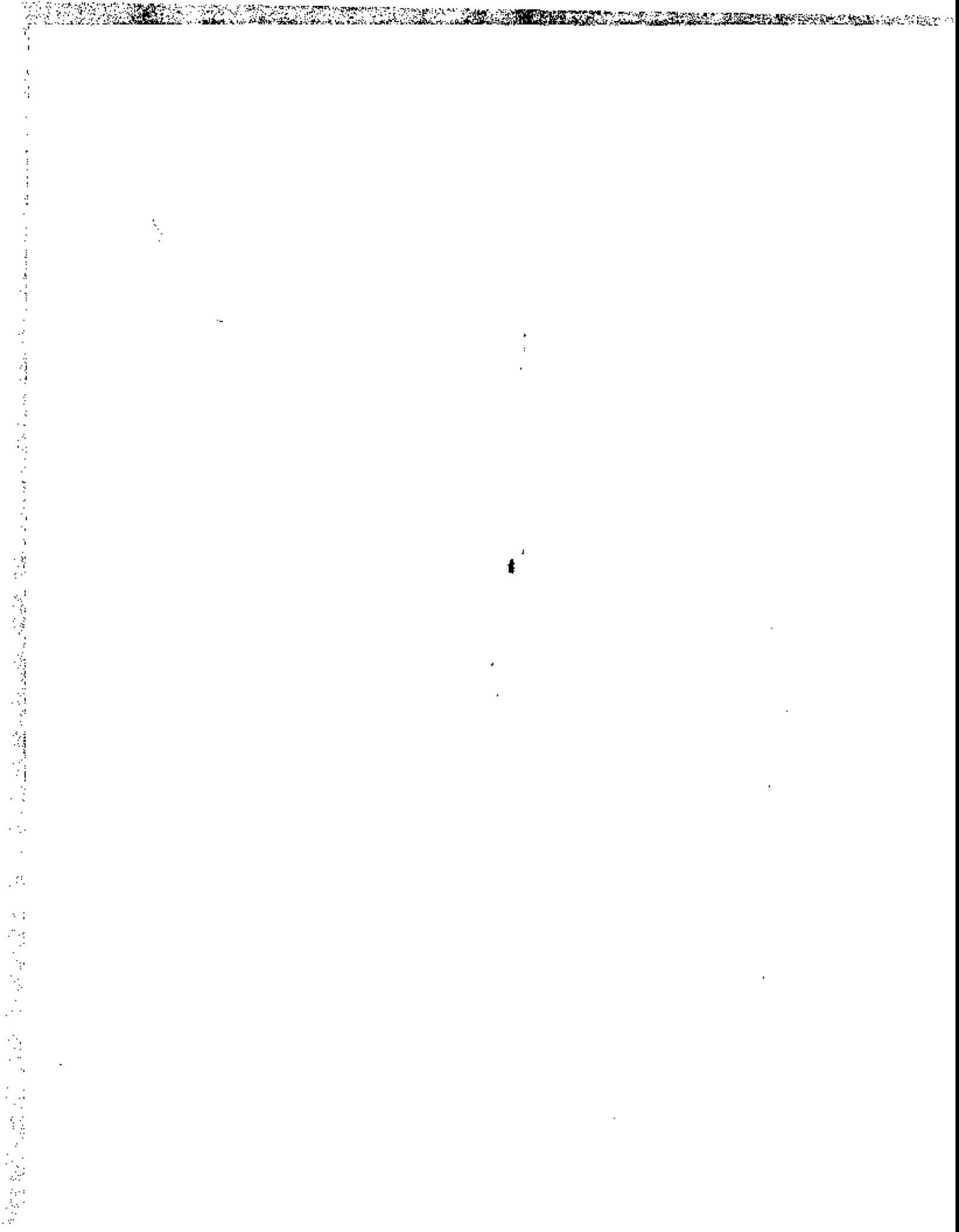
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONALWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS EC LEWIS 2800 NORTH JEFFERSON ARLINGTON VA 22207		DATE RECEIVED 145 19 Mar 1997	od. or _____ n. d. _____ od. rt. _____ up. ltr. _____ REFERENCE NO. 810172
		DAY TIME TELEPHONE NO. (AREA CODE) 703 535 5761	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.		VEHICLE MAKE	VEHICLE MODEL
		LINCOLN	TOWN CAR
MODEL YEAR			
		1991	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE CURRENT ODOMETER READING: _____ DATE PURCHASED: _____ ☐ NEW ☐ USED			
DEALER'S NAME, CITY & STATE		ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	
NO. CYLINDERS _____			
TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
☐ MANUAL ☐ AUTOMATIC	☐ YES ☐ NO	☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 5-POINT BELT ☐ 2-POINT BELT	☐ YES ☐ NO
DRIVETRAIN	BODY STYLE		
☐ FRONT ☐ REAR ☐ 4-WHEEL	STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____		
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	MILEAGE AT FAILURE(S)	☐ YES ☐ NO	☐ YES ☐ NO
	72		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
☐ YES ☐ NO	☐ YES ☐ NO		
PROPERTY DAMAGE EST\$		POLICE REPORTED	
		☐ YES ☐ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
OWNER HAS ABS BRAKES, HE STATES THAT WHILE DRIVING HIS VEHICLE ALL FOUR WHEELS LOCKED UP, ALSO PEDAL WOULD NOT RELEASE UNTIL BRAKES WERE PUMPED 3-4 TIMES THEN THEY RELEASED. *AK			
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.	

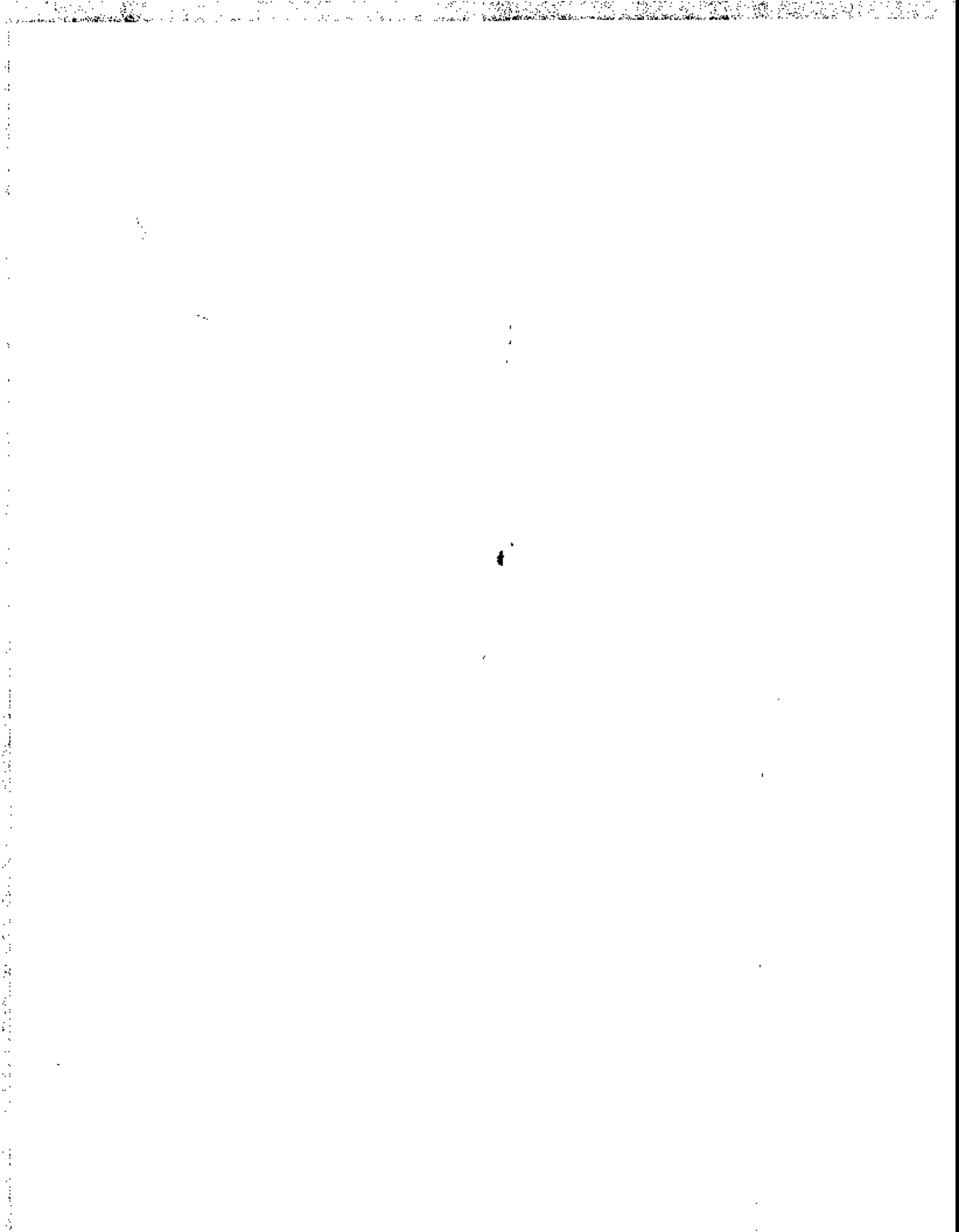
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS HARSHAD PAREKH 1920 JOHNSON FERRY RD ALTANTA GA 30319		DATE RECEIVED 9 19 Mar 1997	od. of _____ rt. dt. _____ od. rt. _____ up. hr. _____ REFERENCE NO. 810173
		DAY TIME TELEPHONE NO. (AREA CODE) 770 457 3100 770 454 6062	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.* JT2AC52L8T0162374		VEHICLE MAKE TOYOTA	VEHICLE MODEL TERCEL
		MODEL YEAR 1996	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING _____	DATE PURCHASED _____ ☐ NEW ☐ USED	DEALER'S NAME, CITY & STATE 	
		ENGINE SIZE (CID/CC/LI) _____ ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN	NO. CYLINDERS _____
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTILOCK BRAKES ☐ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☐ YES ☐ NO
		DRIVETRAIN ☐ FRONT ☐ REAR ☐ 4-WHEEL	BODY STYLE STAWAG _____ 4 DR _____ 2 DR _____ HATCH BK _____ VAN _____ PICK UP TRK _____ OTHER _____
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES 1	DATE(S) OF FAILURE(S) 15-OCT-96	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 2		
	VEHICLE SPEED AT FAILURE(S) 		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☐ NO	FIRE ☐ YES ☐ NO	NUMBER PERSONS INJURED 0	NUMBER OF FATALITIES 0
		PROPERTY DAMAGE EST. _____	POLICE REPORTED ☐ YES ☐ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) DUAL AIRBAGS DID NOT DEPLOY DURING FRONT END COLLISION; HIT ANOTHER SLIGHTLY MOVING VEHICLE AT INTERSECTION, SPEED 40 MPH. *AK			
		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.			

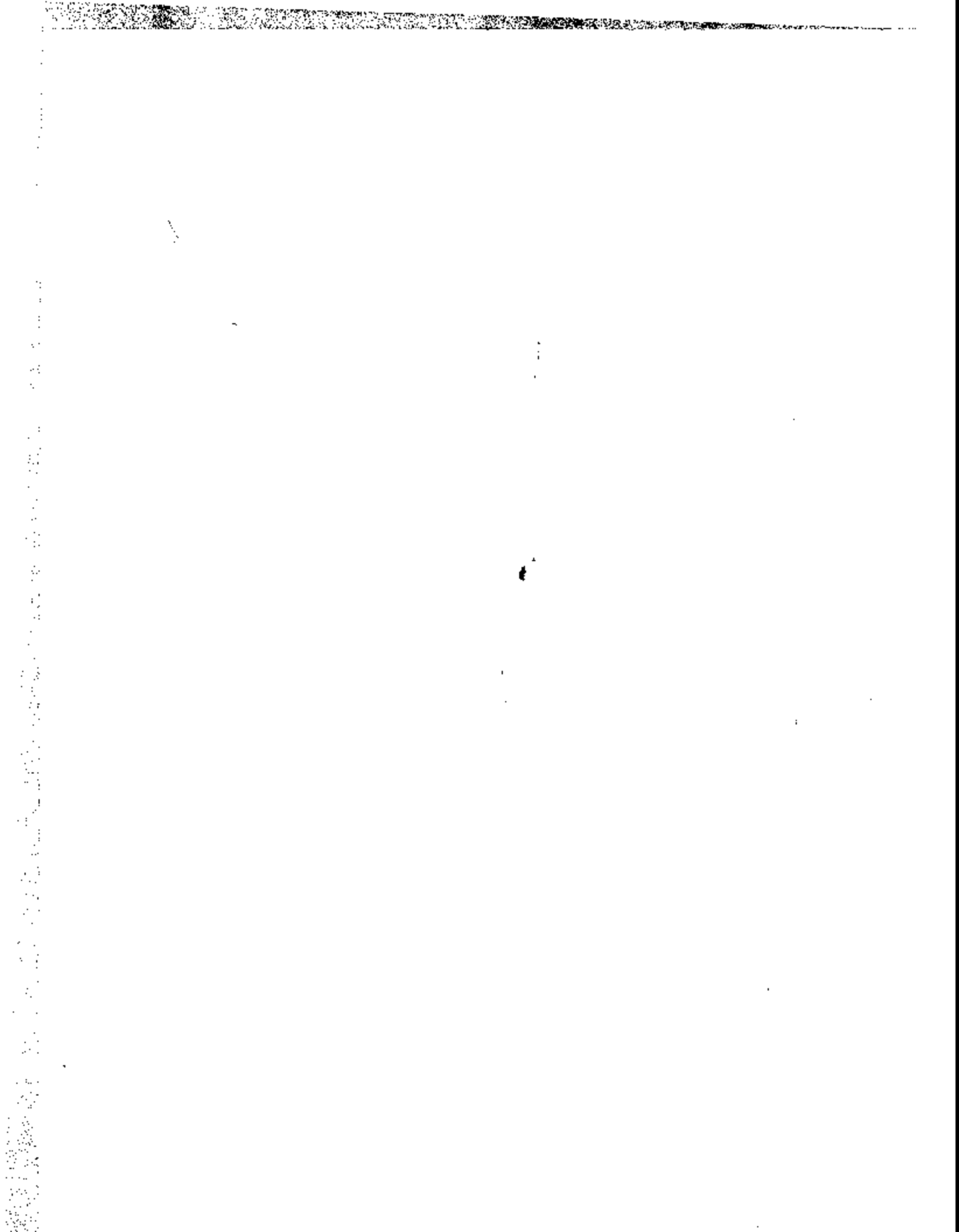
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED 145 19 Mar 1997	od. or _____ rl. dl _____ od. rt _____ up. ltr _____ REFERENCE NO. 810174
NAME and ADDRESS ELEANOR TARELES 1 NEWBERRY CT. FARMINGTON CT 06032		DAY TIME TELEPHONE NO. (AREA CODE): 860 577 0891	
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	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. *		VEHICLE MAKE SUBARU	VEHICLE MODEL LEGACY
		MODEL YEAR 1995	
* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L) ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN
	☐ NEW ☐ USED		NO. CYLINDERS _____
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTI-LOCK BRAKES ☐ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3 POINT BELT ☐ 2 POINT BELT	CRUISE CONTROL ☐ YES ☐ NO
		DRIVE SHAFT ☐ FRONT ☐ REAR ☐ 4-WHEEL	BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 18		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☐ NO	FIRE ☐ YES ☐ NO	NUMBER PERSONS INJURED 0	NUMBER OF FATALITIES 0
		PROPERTY DAMAGE ESTS	POLICE REPORTED ☐ YES ☐ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
OWNER STATES THAT SHE WAS INVOLVED IN A MINOR FENDER BENDER IN WHICH SHE STRUCK ANOTHER VEHICLE IN THE REAR TRAVELING AT A VERY LOW SPEED, BOTH AIRBAGS DEPLOYED. OWNER THINKS THAT THAT THERE MAY BE A PROBLEM WITH HER AIRBAGS. SHE HAS DUAL AIRBAGS. *AK			
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.	

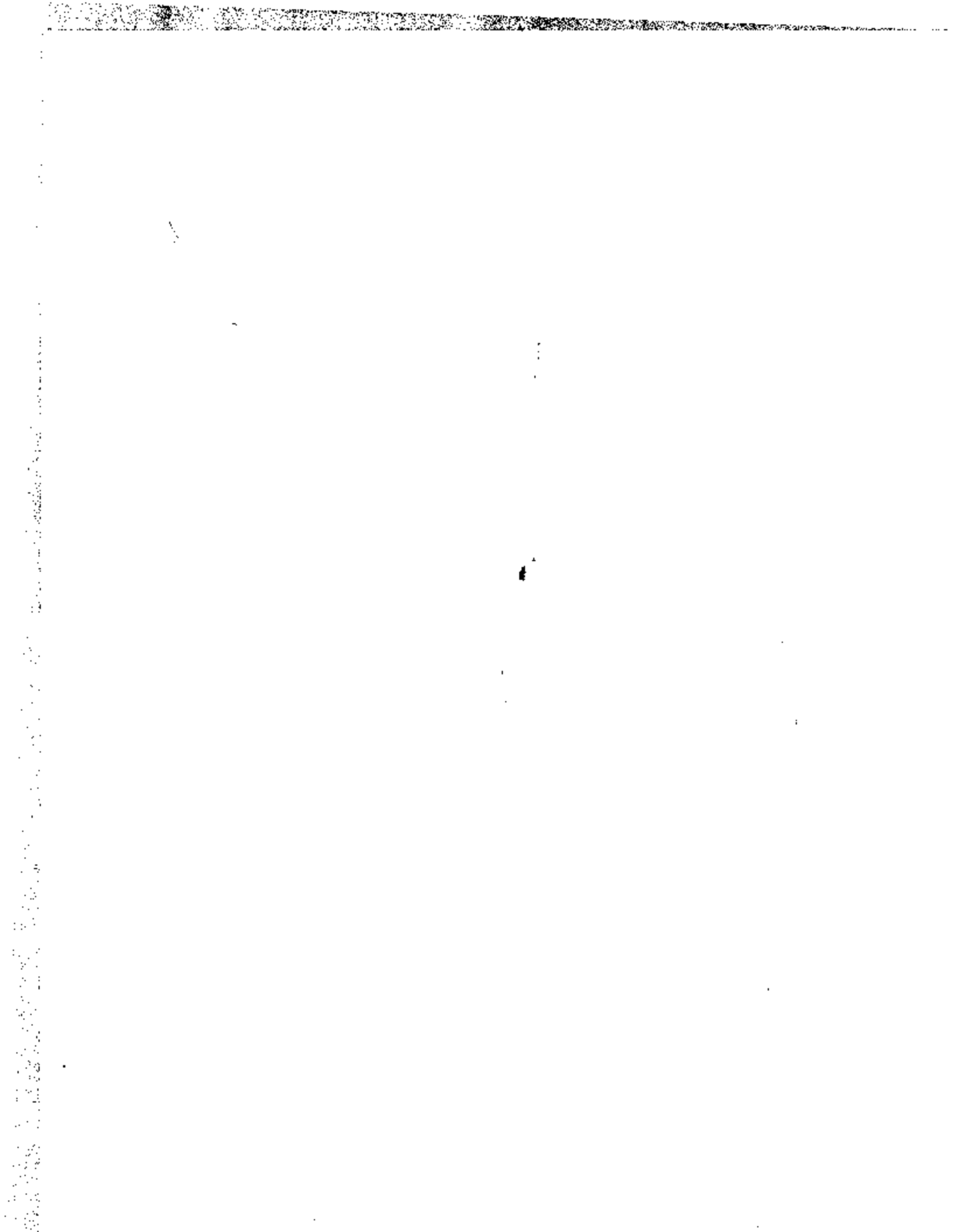
 AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED 145 19 Mar 1997 od. or n. dt. ☐ Y ☐ od. n. up. hr. REFERENCE NO. 810175 DAY TIME TELEPHONE NO. (AREA CODE) 606 625-2576	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS JERRY POFFENBERGER 700 #1 WIND RIDGE FLORENCE KY 41042			
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	
VEHICLE INFORMATION VEHICLE IDENTIFICATION NO. _____ VEHICLE MAKE NISSAN VEHICLE MODEL MAXIMA MODEL YEAR 1987 LOCATED AT 30° TOY OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L) ☐ TURBO DIESEL ☐ GAS FUEL INJECTN
☐ NEW ☐ USED			NO CYLINDERS
TRANSMISSION TYPE ☐ MANUAL ☐ AUTOMATIC	ANTILOCK BRAKES ☐ YES ☐ NO	RESTRAINT SYSTEM ☐ DRIVERS SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	CRUISE CONTROL ☐ YES ☐ NO
		DR-VEHICLE ☐ FRONT ☐ REAR ☐ 4-WHEEL	ROOF STYLE STAWAG 4 DR ☐ HATCH BK ☐ VAN ☐ PK UP TRK ☐ OTHER ☐
FAILED COMPONENT(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR	FAILED PART(S) ☐ ORIGINAL ☐ REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED ☐ YES ☐ NO	NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO
	MILEAGE AT FAILURE(S) 124		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT ☐ YES ☐ NO	FIRE ☐ YES ☐ NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
PROPERTY DAMAGE ESTS		POLICE REPORTED ☐ YES ☐ NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
OWNER STATES THAT HIS FUEL INJECTORS WERE LEAKING AND VEHICLE CAUGHT ON FIRE. OWNER INDICATES THAT WHEN HE TOOK VEHICLE TO DEALERS THEY COULD NOT LOCATE THE PROBLEM. OWNER IS VERY CONCERNED FOR HIS SAFETY AND THAT OF OTHERS. *AK			
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.	

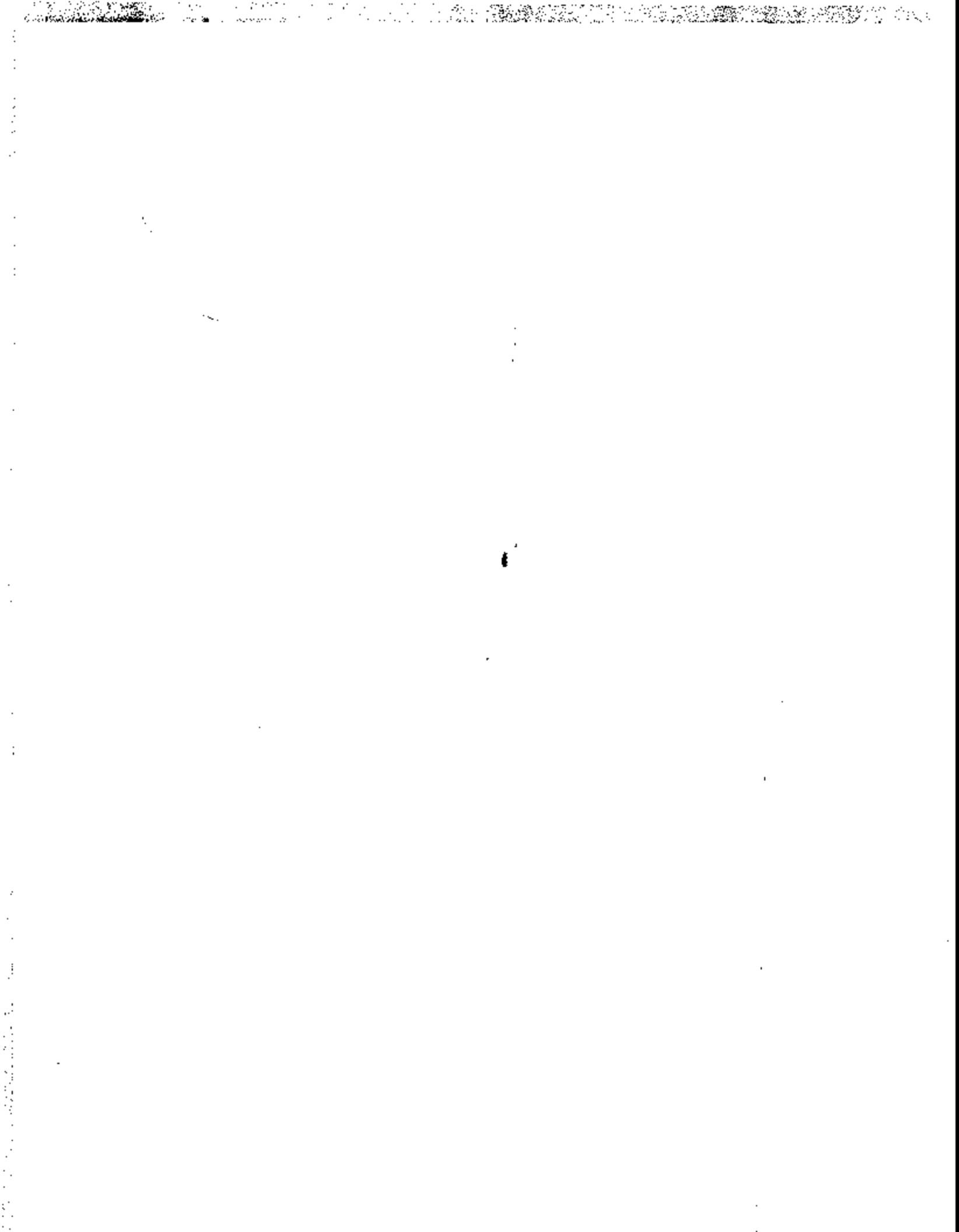
 U.S. Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9383 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT) NAME and ADDRESS SHAWN BUCKHOLZ 5455 SLINT RD. COCOA FL 32927		DATE RECEIVED 116 19 Mar 1997		od. or _____ rt. dt. _____ od. rt. <u>Y</u> _____ up-itr _____ REFERENCE NO. 810176	
		DAY TIME TELEPHONE NO. (AREA CODE) 6336974 (407)			
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	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO.		VEHICLE MAKE		VEHICLE MODEL	
1N6SB11SXBC307892		NISSAN TRUCK		PICKUP	
LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE				1997	
CURRENT ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE		ENGINE SIZE (CID/CC/L)	☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTION
	☐ NEW ☐ USED			NO. CYLINDERS	
TRANSMISSION TYPE	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☐ MANUAL ☐ AUTOMATIC	☐ YES ☐ NO	☐ DRIVER'S SIDE AIRBAG ☐ MOTORBELT ☐ PASSENGER'S SIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	☐ YES ☐ NO	☐ FRONT ☐ REAR ☐ 4-WHEEL	STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT	PART NAME(S)	LOCATION		FAILED PART(S)	
		☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR		☐ ORIGINAL ☐ REPLACEMENT	
NO. OF FAILURES	DATE(S) OF FAILURE(S)		MANUFACTURER CONTACTED		NHTSA PREVIOUSLY CONTACTED
	13-MAR-97		☐ YES ☐ NO		☐ YES ☐ NO
	MILEAGE AT FAILURE(S)				
	2500				
	VEHICLE SPEED AT FAILURE(S)				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☐ YES ☐ NO	☐ YES ☐ NO				☐ YES ☐ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)					
WHILE DRIVING STRUCK ANOTHER VEHICLE FROM THE BACK AND THE DRIVER'S SIDE AIR BAG DID NOT DEPLOY. *AK					
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.		

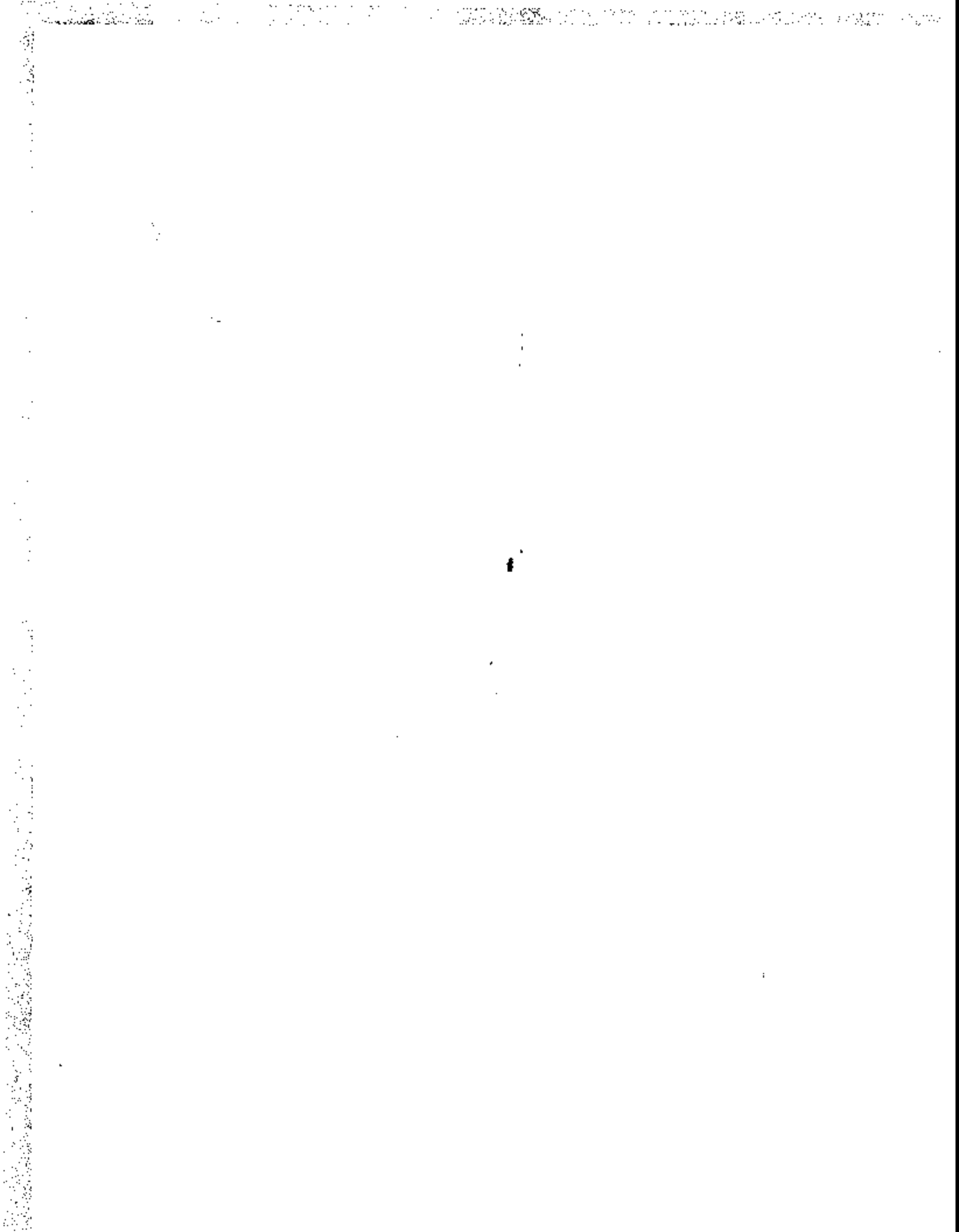


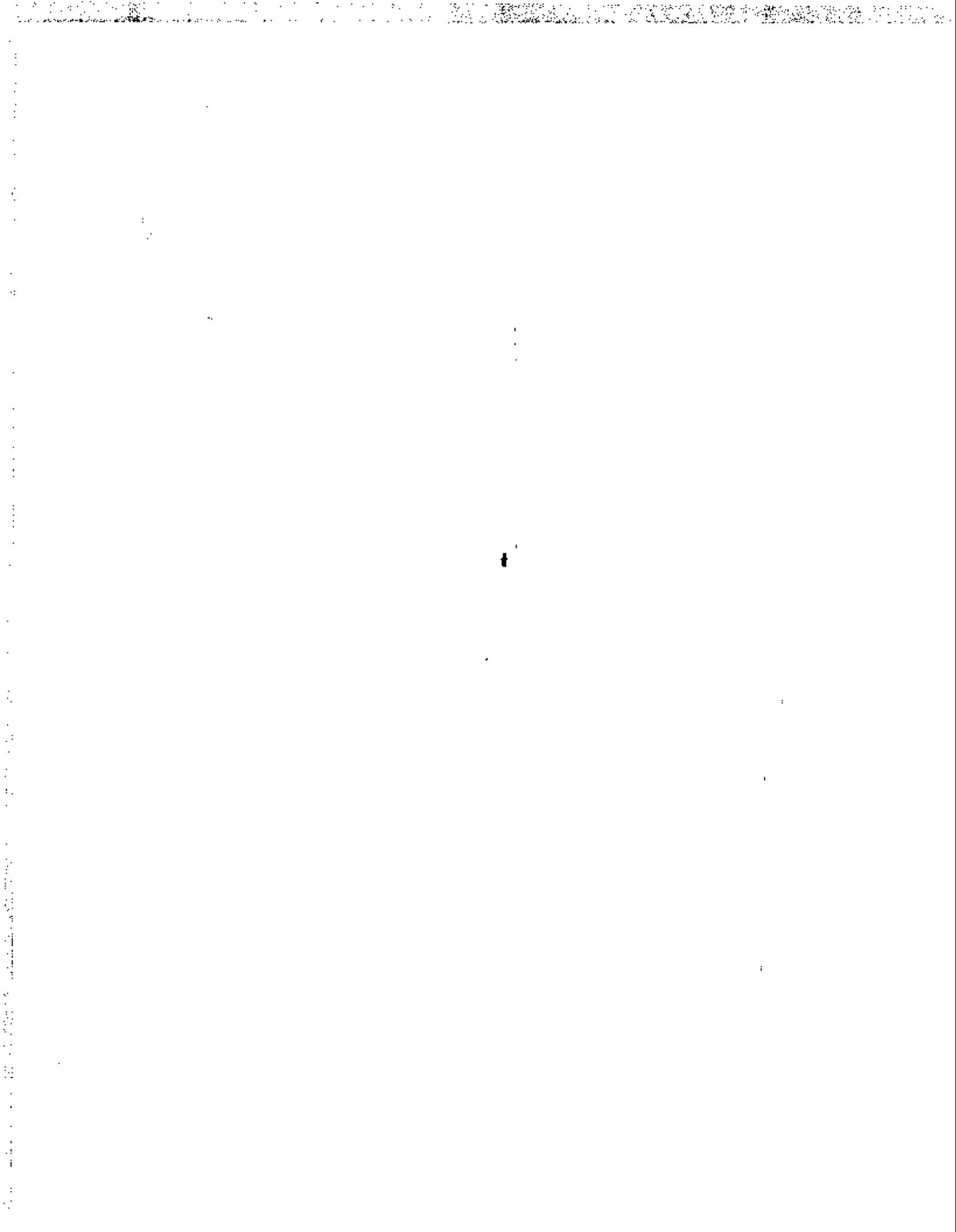


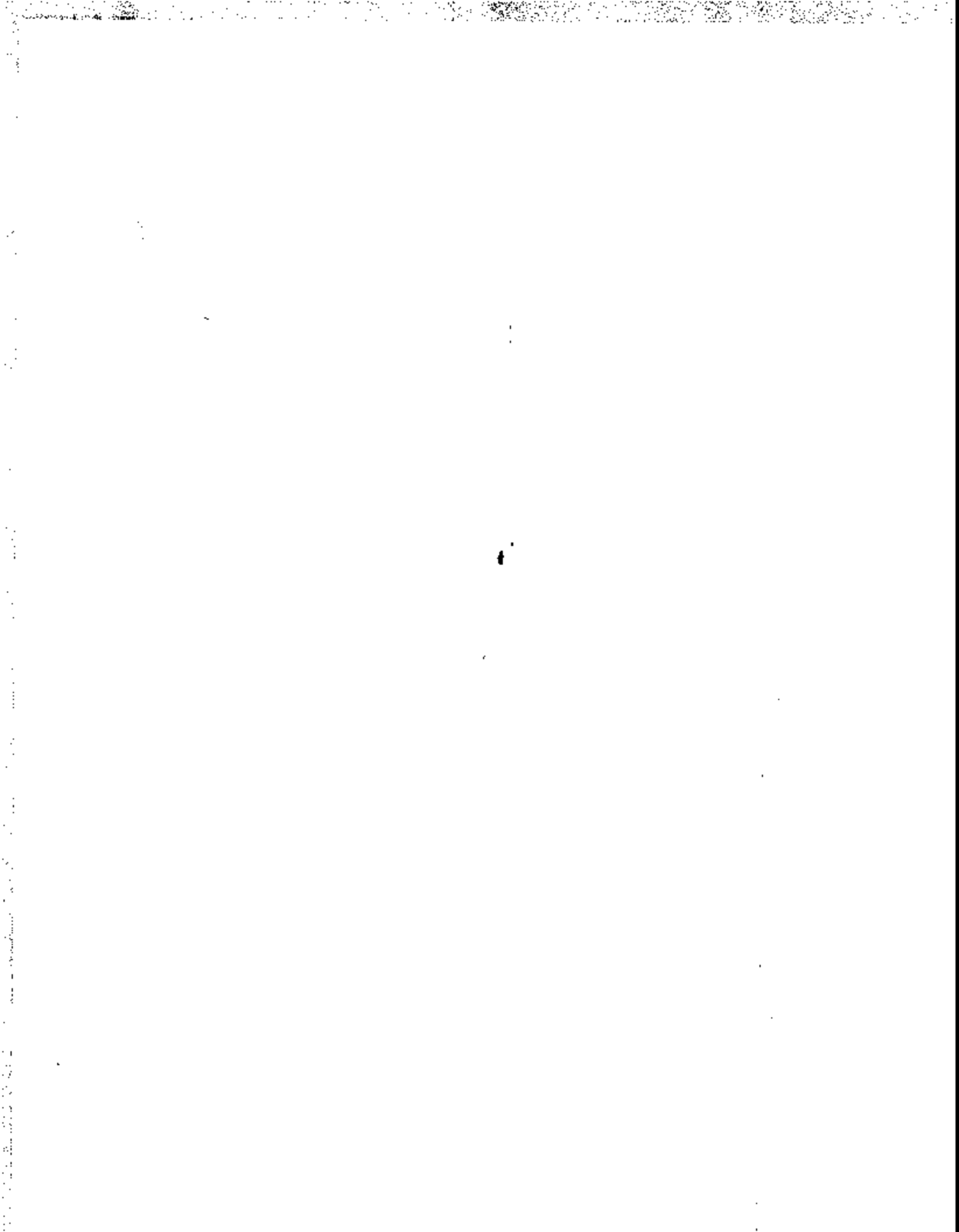












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