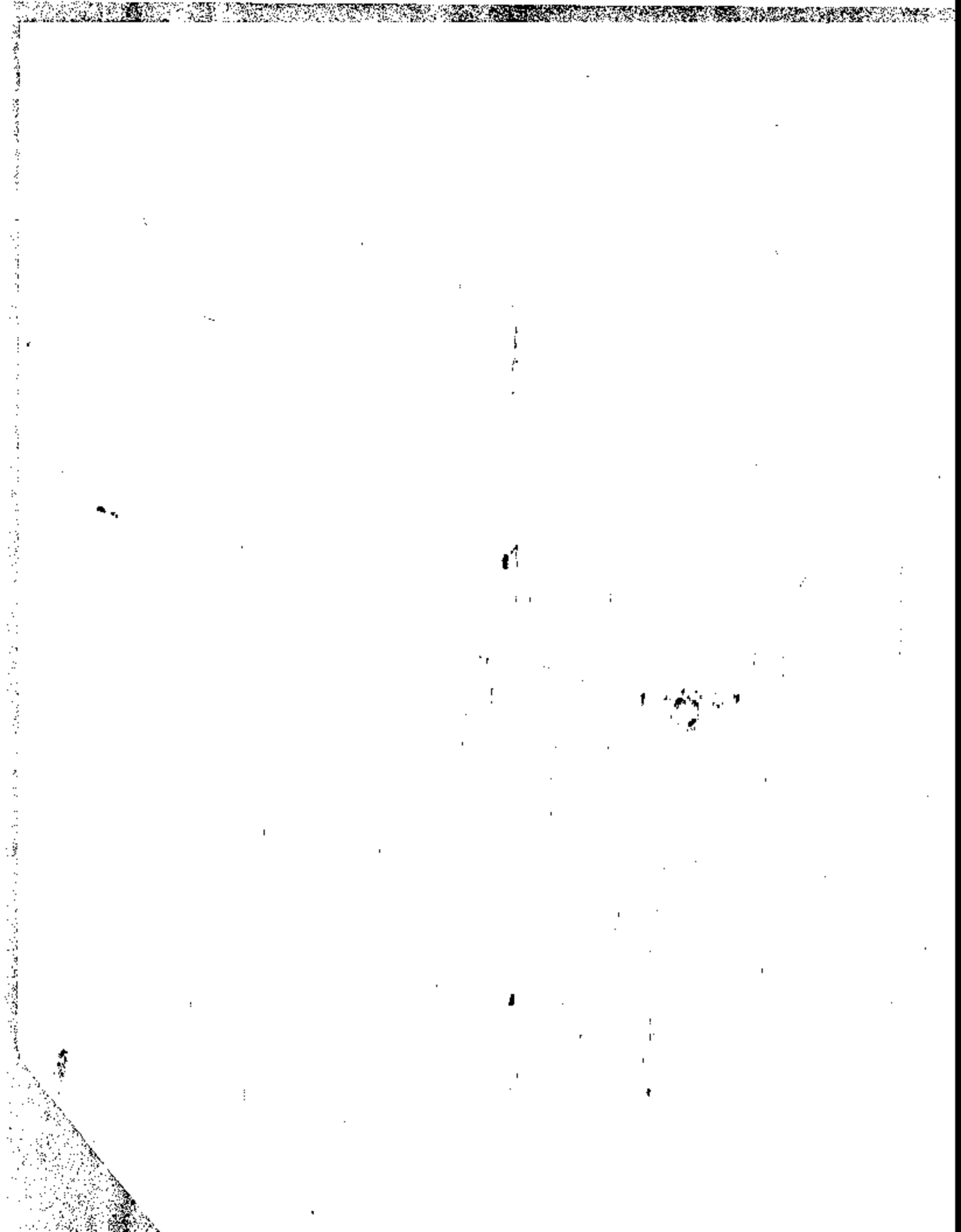

Form Approved: O.M.B. No. 2127-0008

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 6 Mar 1997

od_or ___ ___
rt_dt ___ ___
od-rt ___Y___
up-ltr ___ ___

REFERENCE NO.: 809757

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JENNIFER HEINEN

1102 OHIO ST 1

LAWRENCE KS 66044

DAY TIME TELEPHONE NO. (AREA CODE)

913 749-5840

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	GEO	STORM	1993

CURRENT ODOMETER READING | DATE PURCHASED [ ] NEW [X] 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 [X] NO

RESTRAINT SYSTEM: [ ] DRIVERSIDE AIRBAG [ ] MOTORBELT [ ] PASSENGERSIDE AIRBAG [ ] 3-POINT BELT [ ] 2-POINT BELT

CRUISE CONTROL: [ ] YES [X] 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	PART NAME(S)	LOCATION	FAILED PART(S)
13730000	STRUCTURE:HOOD ASSEMBLY:LATCHES	[ ] LEFT [ ] FRONT [ ] RIGHT [ ] REAR	[ ] 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE $	POLICE REPORTED
[ ] YES [X] NO	[ ] YES [X] NO				[ ] YES [X] 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

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.

Form [illegible] (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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: 1 9 6 Mar 1997

od_or ___ ___
rt_dt ___ ___
od_rt Y
up_ltr ___

REFERENCE NO.: 809758

OWNER INFORMATION (TYPE OR PRINT)

NAME - 1ST ADDRESS

CHERYL MORNING

942 MICHAGN AVE

BELLPORT NY 11713

DAY TIME TELEPHONE NO. (AREA CODE)

516-286-5222

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JN1CA21D6TT46014	NISSAN	MAXIMA	1996

CURRENT ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) ___ | NO. CYLINDERS ___

DATE PURCHASED: X NEW ___ USED

ENGINE SIZE: ___ TURBO ___ DIESEL ___ GAS ___ FUEL INJECTN

TRANSMISSION TYPE: ___ MANUAL ___ AUTOMATIC

ANTI-LOCK BRAKES: ___ YES X NO

RESTRAINT SYSTEM: ___ DRIVERSIDE AIRBAG ___ MOTORBELT ___ PASSENGERSIDE AIRBAG ___ 3-POINT BELT ___ 2-POINT BELT

CRUISE CONTROL: ___ YES X 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	PART NAME(S)	LOCATION	FAILED PART(S)
08310000	ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD	___ LEFT FRONT ___ RIGHT REAR	___ ORIGINAL ___ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): 03-MAR-97

MILEAGE AT FAILURE(S):

VEHICLE SPEED AT FAILURE(S):

MANUFACTURER CONTACTED: ___ YES ___ NO

NHTSA PREVIOUSLY CONTACTED: ___ YES ___ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
___ YES X NO	X YES ___ NO				___ YES X 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

The Privacy Act of 1974
Public Law 93-579

[illegible] 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 statistical summary thereof, may be used in support of the agency's action.

[illegible] (Rev. 2, 93)

Form Approved: O.M.B. No. 2127-0008

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

odi or ___ ___
rt ct ___Y___
ord rt ___ ___
up ltr ___ ___

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	VEHICLE MODEL	MODEL YEAR
	FORD TRUCK	AEROSTAR	1992

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING | DATE PURCHASED ___ [ ] NEW [X] USED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) ___ NO. CYLINDERS ___ [ ] TURBO [ ] DIESEL [ ] GAS [ ] FUEL INJECTN

TRANSMISSION TYPE: [X] MANUAL [ ] AUTOMATIC

ANTILOCK BRAKES: [X] YES [ ] NO

RESTRAINT SYSTEM: [X] DRIVERSIDE AIRBAG [ ] MOTORBELT [ ] PASSENGERSIDE AIRBAG [X] 3 POINT BELT [ ] 2-POINT BELT

CRUISE CONTROL: [ ] YES [X] NO

DRIVETRAIN: [ ] FRONT [ ] REAR [ ] 4-WHEEL

BODY STYLE: STAWAG ___ 4 DR ___ 2 DR ___ HATCH BK [X] VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
13400000	STRUCTURE:DOOR ASSEMBLY	[ ] LEFT [ ] FRONT [ ] RIGHT [ ] REAR	[ ] 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
[ ] YES [X] NO	[ ] YES [X] NO				[ ] YES [X] 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

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HS Form 560 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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: 119 28 Feb 1997

rd_or ___ ___
rt_dt ---Y---
od_rt ___ ___
up_ltr ___ ___

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)
212-354-5675

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	VEHICLE MODEL	MODEL YEAR
	NISSAN	MAXIMA	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): ___ 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

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	PART NAME(S)	LOCATION	FAILED PART(S)
12111000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:DRIVER	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST$	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	1			☐ 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

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HS-Form 350 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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 *3 Mar 1997*	od or rt of Y; od-rt; up-ite
	REFERENCE NO: **809582**

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS
AL *MULLINS*

256 HIGHWAY 279
FATETTEVILLE *GA* *30214*

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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1LNLM92V6VY616773	**LINCOLN**	**MARK VIII**	**1997**

* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOM-TER READING | DATE PURCHASED ☐ NEW ☒ USED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCD) — NO. CYLINDERS | ☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☒ AUTOMATIC
ANTI-LOCK BRAKES: ☒ YES ☐ NO
RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ☐ PASSENGERSIDE AIRBAG ☐ 3 POINT BELT ☐ 2-POINT BELT — MOTORIZED
CRUISE CONTROL: ☒ YES ☐ NO
DRIVE PAR.: ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): *27-FEB-97*

MILEAGE AT FAILURE(S): *5000*

VEHICLE SPEED AT FAILURE(S): *00*

MANUFACTURER CONTACTED: ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE COSTS	POLICE REPORTED
☐ YES ☒ NO	☐ YES ☒ NO				☐ YES ☒ NO

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

PEDAL WENT ALLTHE 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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HS-Form 007 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

ALTO 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: 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)

~~209 456-6703~~

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
4N2DN11W3SD862956	NISSAN TRUCK	QUEST	1994

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCs) | NO. CYLINDERS | ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☐ AUTOMATIC

ANTILOCK BRAKES: ☐ YES ☒ NO

RESTRAINT SYSTEM: ☐ DRIVER'S AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE 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 TIRE INFORMATION ON BACK)

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
12111000	INTERIOR SYSTEMS:PASSIVE RESTRAINT-AIR BAG,DRIVER	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES | DATE(S) OF FAILURE(S) | MILEAGE AT FAILURE(S): 28 | VEHICLE SPEED AT FAILURE | MANUFACTURER CONTACTED: ☐ YES ☐ NO | NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(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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Form Approved: O.M.B. No. 2127-0008

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

odr ___ ___
rtdl ___ Y ___
odrt ___ ___
updtr ___ ___

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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1B7FL26Y7SW922873	DODGE TRUCK	DAKOTA	1995

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: ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☒ 2-POINT BELT

CRUISE CONTROL: ☐ YES ☒ NO

DRIVETRAIN: ☐ FRONT ☒ REAR ☐ 4-WHEEL

BODY STYLE: STWAGN ___ 4 OR 2 DR ___ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
12111800	INTERIOR SYSTEMS-PASSIVE RESTRAINT:AIR BAG:DRIVER	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	1	0	___	☐ 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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HS-Form 350 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE

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

National Highway Traffic Safety Administration

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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1GKFK16K9PJ740464	GMC	SUBURBAN	1993

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING: | DATE PURCHASED: [ ] NEW [X] 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 [X] NO
RESTRAINT SYSTEM: [ ] DRIVERSIDE AIRBAG [ ] MOTORBELT [ ] PASSENGERSIDE AIRBAG [ ] 3-POINT BELT [X] 2-POINT BELT
CRUISE CONTROL: [ ] YES [X] 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	PART NAME(S)	LOCATION	FAILED PART(S)
07460000	POWER TRAIN:AXLE ASSEMBLY	[ ] LEFT [ ] RIGHT [ ] FRONT [ ] REAR	[ ] 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
[ ] YES [X] NO	[ ] YES [X] NO				[ ] YES [X] 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
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.

HS Form 350 (Rev. 3-92)

Form Approved: O.M.B. No. 2127-0008

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: 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. *	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1J4G258S5VC504115	JEEP	CHEROKEE	1997

*(LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)

CURRENT ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCS) | NO. CYLINDERS

☒ NEW ☐ USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

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 ☐ PK UP TRK ☐ OTHER ☐

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
10120000	VISUAL SYSTEMS:GLASS,WINDOW-DOOR AND SIDE	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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)

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. TAK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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Form Approved: O.M.B. No. 2127-0008

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: 141 18 Mar 1997

odr ___ ___
rtr ___
odr ___Y___
upltr ___ ___

REFERENCE NO: 810102

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

RICHARD HARRIS

1018 WALLER RD

BRENTWOOD TN 37027

DAYTIME 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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SI	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JNKNG01D0SM306838	INFINITI	Q45	1995

CURRENT ODOMETER READING | DATE PURCHASED ___ ___ ☐ NEW ☒ USED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC): ___ NO. CYLINDERS: ___ ☐ TURBO ☐ DIESEL ☒ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☒ AUTOMATIC

ANTILOCK BRAKES: ☒ YES ☐ NO

RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ___ MOTORCYCLE ☐ PASSENGERS DE 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	PART NAME(S)	LOCATION	FAILED PART(S)
13730000	STRUCTURE:HOOD ASSEMBLY:LATCHES	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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

DHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(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

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 a civil administrative enforcement or legal action against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.

HS Form 940 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0005

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.: 810103

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

KIM MANFREDI

1825 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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
2FDMA5147SBC18592	FORD TRUCK	WINDSTAR	1995

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING

DATE PURCHASED: ☒ NEW ☐ USED

DEALER 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

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	PART NAME(S)	LOCATION	FAILED PART(S)
03250000	BRAKES:HYDRAULIC,ANTI-SKID SYSTEM	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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(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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HS Form 450 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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	odometer ___ ___
151 18 Mar 1997	month ___ Y ___
	odometer ___ ___
	update ___ ___
	REFERENCE NO.
	810104

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

SHEILA MARION

7522 STEPHENS ST.

CENTER LANE MI 48015

DAYTIME 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

CURRENT ODOMETER READING | DATE PURCHASED | DEALER NAME, CITY & STATE | ENGINE SIZE (CID/CCs) | NO. CYLINDERS

☐ NEW ☒ USED

☐ 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

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	PART NAME(S)	LOCATION	FAILED PART(S)
CUT OFF	FUEL: VEHICLE CRASH	☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE COSTS	POLICE REPORTED
☒ 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. TAK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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FORM HS-7 (7-94)

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

DATE RECEIVED: 151 6 Mar 1997

od_or ___
rt_ot ___
od-rt Y
up-llr ___

REFERENCE NO. 809757

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JENNIFER HEINEN

1102 OHIO ST 1

LAWRENCE KS 66044

DAY TIME TELEPHONE NO. (AREA CODE)

913 749-5840

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	GEO	STORM	1993

ODOMETER READING | DATE PURCHASED ___ ___ | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) ___ | NO. CYLINDERS ___

☐ NEW ☒ USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☐ AUTOMATIC

ANTILOCK BRAKES: ☐ YES ☒ NO

RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ☐ MOTORCYCLE ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
19730000	STRUCTURE:HOOD ASSEMBLY:LATCHES	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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(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

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Form 183 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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	odr ___ rt.ct ___ od-rt ___Y___ up.ltr ___
119 6 Mar 1997	REFERENCE NO. 809758

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

CHERYL MORNING

942 MICHAGN AVE

BELLPORT NY 11713

DAY TIME TELEPHONE NO. (AREA CODE)

516-286-5222

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
LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE: JN1CA21D6TT46014	NISSAN	MAXIMA	1996

CURRENT ODOMETER READING: [ ][ ][ ][ ][ ]

DATE PURCHASED ___ ☒ NEW ☐ USED

DEALER'S NAME, CITY & STATE

ENGINE SIZE (C.D/CC/L) ___ NO. CYLINDERS ___ ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

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 ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
08310000	ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD	☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): 03-MAR-97

MILEAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO

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(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

The Privacy Act of 1974
Public Law 93-579

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Form 630 (Rev. 1-93)

Form Approved O.M.B. No. 2127-0006

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

DATE RECEIVED: 3 Mar 1997

od.or
rt.dt
od-rt
up-rr

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	VEHICLE MODEL	MODEL YEAR
	FORD TRUCK	AEROSTAR	1992

*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

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

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	PART NAME(S)	LOCATION	FAILED PART(S)
19400000	STRUCTURE:DOOR ASSEMBLY	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

AID OF FAILURES

DATE(S) OF FAILURE(S): 01-FEB-97

MILEAGE AT FAILURE(S): 72

VEHICLE SPEED AT FAILURE(S):

MANUFACTURER CONTACTED: ☐ YES ☐ NO

DOTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(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

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Form Approved: O.M.B. No. 2127-0008

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*

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)

212-354-5675

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	VEHICLE MODEL	MODEL YEAR
* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE	*NISSAN*	*MAXIMA*	*1995*

CURRENT ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) | NO. CYLINDERS

☒ NEW ☐ USED

ENGINE: ☐ 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

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	PART NAME(S)	LOCATION	FAILED PART(S)
12111000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:DRIVER	☐ LEFT FRONT ☐ RIGHT FRONT ☐ REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	1			☐ 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

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HS-Form 300 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

US 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: 141 3 Mar 1997

od_or
rt_dt
od_rt
up_ltr

REFERENCE NO.: 805582

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS
AL MULLINS

256 HIGHWAY 279
FATETTEVILLE GA 30214

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1LNLM92V6VY616773	LINCOLN	MARK VIII	1997

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

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	PART NAME(S)	LOCATION	FAILED PART(S)
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): 27-FEB-97

MILEAGE AT FAILURE(S): 5000

VEHICLE SPEED AT FAILURE(S): 60

MANUFACTURER CONTACTED: ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(IES)

PEDAL WENT ALLTHE 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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HS-[illegible] (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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	od-dt / rt-dt / od-rt / up-ltr
155 17 Mar 1997	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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1B7FL26Y7SW922873	DODGE TRUCK	DAKOTA	1995

ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L) / NO. CYLINDERS
	☐ NEW ☒ USED		☐ TURBO ☐ DIESEL ☐ GAS ☒ FUEL INJECTN

TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☒ MANUAL ☐ AUTOMATIC	☐ YES ☒ NO	☒ DRIVERSIDE AIRBAG ☐ MOTORCYCLE ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☒ 2-POINT BELT	☐ YES ☒ NO	☐ FRONT ☒ REAR ☐ 4-WHEEL	STAWAG ___ 4 DR ___ 2 DR ___ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
1211030	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:DRIVER	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
1	22-APR-96	☐ YES ☐ NO	☐ YES ☐ NO
	MILEAGE AT FAILURE(S): 38		
	VEHICLE SPEED AT FAILURE(S):		

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE COSTS	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	1	0		☐ 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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HS Form 360 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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	odr ___ rt_st ___ odr_rt ___ up_tr ___
	REFERENCE NO.: 810100

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

JOHN IVERSON

W 456 YOUTH RD.

MONDOVI WI 54755

DAYTIME 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. *	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1GKFK16K9PJ740464	GMC	SUBURBAN	1993

* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CC/L)	
	☐ NEW ☒ USED		NO. CYLINDERS	☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☐ 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 ___ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
C7460000	POWER TRAIN:AXLE ASSEMBLY	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	08-FEB-97	☐ YES ☐ NO	☐ YES ☐ NO
	MILEAGE AT FAILURE(S): 64000		
	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(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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Form Approved: O.M.B. No. 2127-0008

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: S 18 Mar 1997	odator ___ ___ rt dr ___ Y ___ odnit ___ ___ JD-dr ___ ___
	REFERENCE NO.: 810101

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

SHARON HOLLEY

45 MIDDLE FIELD

GROTON CT 06340

DAYTIME 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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1J4G258S5VC504115	JEEP	CHEROKEE	1997

* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

ODOMETER READING	DATE PURCHASED	DEALER'S NAME, CITY & STATE	ENGINE SIZE (CID/CCS)	
	☒ NEW ☐ USED		NO. CYLINDERS	☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYP	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☐ MANUAL ☒ AUTOMATIC	☒ YES ☐ NO	☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE 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)
10120000	VISUAL SYSTEMS:GLASS:WINDOW:DOOR AND SIDE	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
	09-MAR-97	☐ YES ☐ NO	☐ YES ☐ NO
	MILEAGE AT FAILURE(S): 8		
	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(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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HS Form 450 (Rev. 3-92)

Form Approved: O.M.B. No. 2127-0004

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: 141 18 Mar 1997	odi or / rt, di / od rt / Jp - llr
	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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JNKNG01D0SM306838	INFINITI	Q45	1995

CURRENT ODOMETER READING | DATE PURCHASED | ☐ NEW ☒ USED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCs): ___ NO. CYLINDERS: ___ ☐ TURBO ☐ DIESEL ☒ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☒ AUTOMATIC

ANTILOCK BRAKES: ☒ YES ☐ NO

RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
13730000	STRUCTURE;HOOD ASSEMBLY;LATCHES	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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(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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Form Approved: O.M.B. No. 2127-0008

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 *18 Mar 1997*

op. dt ___ ___
rt. dt ___ ___
op. tt ___ ___
up. tr ___ ___

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
2FDMA5147SBC18592	*FORD TRUCK*	*WINDSTAR*	*1995*

CURRENT ODOMETER READING | DATE PURCHASED ___ | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) ___ | NO. CYLINDERS ___

☒ NEW ☐ USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
☐ MANUAL ☐ AUTOMATIC	☒ YES ☐ NO	☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	☐ YES ☒ NO	☐ FRONT ☐ REAR ☐ 4-WHEEL	STWAG ___ 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)
03250000	BRAKES:HYDRAULIC,ANTI-SKID SYSTEM	☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ 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	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(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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HS Form 150 Rev. 5-92

Form Approved: O.M.B. No. 2127-0005

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

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

NUMBER OF OWNERS | DATE PURCHASED | NEW ☐ USED ☒ | STATE REGISTERED

ENGINE SIZE (CID/CC/L) | NO. CYLINDERS | TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN ☐

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 ☐ PK UP TRK ☐ OTHER ☐

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
CUT OFF	FUEL: VEHICLE CRASH	LEFT ☐ FRONT ☐ RIGHT ☐ REAR ☐	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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE COSTS	POLICE REPORTED
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. TAK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

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HS Form [illegible] Rev. 6-92

Form Approved: O.M.B. No. 2127-0008

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

DATE RECEIVED: 151 6 Mar 1997

od.or ___ ___
rt.dt
od-rt ___Y___
up-ltr ___ ___

REFERENCE NO: 809757

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JENNIFER HEINEN

1102 OHIO ST 1

LAWRENCE KS 66044

DAY TIME TELEPHONE NO. (AREA CODE)

913 749-5840

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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	GEO	STORM	1993

CURRENT ODOMETER READING | DATE PURCHASED ___ ___ | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) ___ | NO. CYLINDERS ___

___ NEW | X USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ___ MANUAL ☐ AUTOMATIC

ANTI-LOCK BRAKES: ☐ YES X NO

RESTRAINT SYSTEM: ___ DRIVERSIDE AIRBAG ___ MOTORBELT ___ PASSENGERSIDE AIRBAG ___ 3-POINT BELT ___ 2-POINT BELT

CRUISE CONTROL: ☐ YES X NO

DRIVETRAIN: ☐ FRONT ☐ REAR ☐ 4-WHEEL

BODY STYLE: STNWAG ___ 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)
13730000	STRUCTURE:HOOD ASSEMBLY:LATCHES	☐ LEFT FRONT ☐ RIGHT FRONT ☐ REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☐ YES X NO	☐ YES X NO				☐ YES X 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

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 statistical summary thereof may be used in support of the agency's action.

Form HS-7 (Rev. 3-93)

Form Approved: O.M.B. No. 2127-0008

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 *6 Mar 1997*

og.or
rt.dt
od.rt
np.ltr

REFERENCE NO.: 809758

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS

CHERYL *MORNING*

942 MICHAGN AVE

BELLPORT *NY* *11713*

DAY TIME TELEPHONE NO. (AREA CODE)

516-286-5222

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
1N1CA21D6TT46014	*NISSAN*	*MAXIMA*	*1996*

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) | NO. CYLINDERS

DATE PURCHASED: ☒ NEW ☐ USED

ENGINE SIZE (CID/CC/L): ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

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 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	PART NAME(S)	LOCATION	FAILED PART(S)
08310000	ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD	☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): *03-MAR-97*

MILEAGE AT FAILURE(S): 5

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(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

...e Privacy Act of 1974
Public Law 93-579

...ion is requested pursuant to authority vested in the National ... Traffic Safety Act and subsequent amendments. You are ... not obligated 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.

...m No. 7138

Form Approved: O.M.B. No. 2127-0008

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

DATE RECEIVED: 8 3 Mar 1997

odr or ___ ___
rl dt ___Y___
cd rl ___ ___
up ltr ___ ___

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	VEHICLE MODEL	MODEL YEAR
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE	FORD TRUCK	AEROSTAR	1992

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
ANTI-LOCK BRAKES: ☒ YES ☐ NO
RESTRAINT SYSTEM: ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☒ 3-POINT BELT ☐ 2-POINT BELT
CRUISE CONTROL: ☐ YES ☒ NO
DRIVE RAN: ☐ FRONT ☐ REAR ☐ 4 WHEEL
BODY STYLE: STAWAG ___ 4 OR ___ 2 DR ___ HATCH BK ☒ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
13400000	STRUCTURE:DOOR ASSEMBLY	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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(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
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HS-Form 000 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

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.or ___ rt nt Y od.rt ___ ub.ltr ___

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)
212-354-5675

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	NISSAN	*MAXIMA*	*1995*

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

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 ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
12111000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:DRIVER	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EST$	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	*1*		___	☐ 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

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US Form 98 (Rev. 2-92)

Form Approved. O.M.B. No. 2127-0008

US 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: 141 3 Mar 1997

od_pr ___ rt_dt Y od_rt ___ up_ltr ___

REFERENCE NO. 809582

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS
AL MULLINS
256 HIGHWAY 279
FATETTEVILLE GA 30214

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.	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1LNLM92V6VY616773	LINCOLN	MARK VIII	1997

LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING: 4
DATE PURCHASED: [ ] NEW [X] USED
DEALER'S NAME, CITY & STATE
ENGINE SIZE (CID/CC/L)
NO. CYLINDERS
[ ] TURBO [ ] DIESEL [ ] GAS [X] FUEL INJECTN

TRANSMISSION TYPE: [ ] MANUAL [X] AUTOMATIC
ANTI LOCK BRAKES: [X] YES [ ] NO
RESTRAINT SYSTEM: [ ] DRIVERSIDE AIRBAG ___ MOTORBELT; [ ] PASSENGERSIDE AIRBAG; [ ] 3-POINT BELT; [ ] 2-POINT BELT
CRUISE CONTROL: [X] YES [ ] NO
DRIVETRAIN: [ ] FRONT [X] 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
DATE(S) OF FAILURE(S): 27-FEB-97
MILEAGE AT FAILURE(S): 5000
VEHICLE SPEED AT FAILURE(S): 60
MANUFACTURER CONTACTED: [ ] YES [ ] NO
NHTSA PREVIOUSLY CONTACTED: [ ] YES [ ] NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: [ ] YES [X] NO
FIRE: [ ] YES [X] NO
NUMBER PERSONS INJURED
NUMBER OF FATALITIES
PROPERTY DAMAGE ESTS
POLICE REPORTED: [ ] YES [X] NO

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

PEDAL WENT ALLTHE 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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HS Form 350 (Rev. 6-92)

Form Approved: O.M.B. No. 2127-0008

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

ud.or
n..dt
od..rt Y
up..ltr

REFERENCE NO: 810099

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JAMES SMITH

1145 W BOSTON AVE

RIDGECREST CA 93555

DAYTIME 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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1B7FL26Y7SW922873	DODGE TRUCK	DAKOTA	1995

CURRENT ODOMETER READING: | DATE PURCHASED: ☐ NEW ☒ USED | DEALER'S NAME, CITY & STATE:

ENGINE SIZE (CID/CC): — 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

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	PART NAME(S)	LOCATION	FAILED PART(S)
12111000	INTERIOR SYSTEMS:PASSIVE RESTRAINT(AIR BAG):DRIVER	☐ LEFT ☐ FRONT ☐ RIGHT ☐ REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☒ YES ☐ NO	☐ YES ☒ NO	1	0	—	☐ 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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HS Form 560 (Rev. 6-92)

Form Approved: O.M.B No. 2127-0008

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: 116 18 Mar 1997

od.or ___ ___
rt.d: ___Y___
od.rt ___ ___
up.ar ___ ___

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 provice 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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1GKFK16K9PJ740464	GMC	SUBURBAN	1993

CURRENT ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE

[ ] NEW [X] USED

ENGINE SIZE (CID/CCS): ___ NO. CYLINDERS ___ [ ] TURBO [ ] DIESEL [ ] GAS [ ] FUEL INJECTN

TRANSMISSION TYPE	ANTI-LOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	DRIVETRAIN	BODY STYLE
[ ] MANUAL [ ] AUTOMATIC	[ ] YES [X] NO	[ ] DRIVERS SIDE AIRBAG [ ] MOTORBELT [ ] PASSENGERSIDE AIRBAG [ ] 3-POINT BELT [X] 2-POINT BELT	[ ] YES [X] NO	[ ] FRONT [ ] REAR [ ] 4-WHEEL	STWAG ___ 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)
07460000	POWER TRAIN:AXLE ASSEMBLY	[ ] LEFT FRONT [ ] RIGHT FRONT [ ] LEFT REAR [ ] RIGHT REAR	[ ] 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
[ ] YES [X] NO	[ ] YES [X] NO				[ ] YES [X] 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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Form Approved: O.M.B. No. 2127-0038

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)

~~860-572-7221~~

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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1J4G25855VC504115	JEEP	CHEROKEE	1997

* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)

CURRENT ODOMETER READING | DATE PURCHASED: [X] NEW [ ] USED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CC/L) | NO. CYLINDERS | [ ] TURBO [ ] DIESEL [ ] GAS [ ] FUEL INJECTN

TRANSMISSION TYPE: [ ] MANUAL [X] AUTOMATIC

ANTI-LOCK BRAKES: [X] YES [ ] NO

RESTRAINT SYSTEM: [X] DRIVERS DE AIRBAG [ ] MOTORBELT; [ ] PASSENGERS DE AIRBAG; [X] 3-POINT BELT [ ] 2-POINT BELT

CRUISE CONTROL: [ ] YES [X] NO

DRIVETRAIN: [ ] FRONT [ ] REAR [ ] 4-WHEEL

BODY STYLE: STAWAG [ ] HATCH BK [ ]; 4 DR [X]; 2 DR [ ]; VAN [ ]; PK UP TRK [ ]; OTHER [ ]

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
10120000	VISUAL SYSTEMS:GLASS:WINDOW:DOOR AND SIDE	[ ] LEFT FRONT [ ] RIGHT FRONT [ ] LEFT REAR [ ] RIGHT REAR	[ ] 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
[ ] YES [X] NO	[ ] YES [X] NO				[ ] YES [X] 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. TAK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

Disclosure of 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 an administrative proceeding or civil action against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.

Form Approved: O.M.B. No. 2127-0008

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: 141 18 Mar 1997

oa_gr ___ ___
rt_dt
oa_rl ___Y___
up_ltr ___ ___

REFERENCE NO: 610102

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JNKNG01D0SM306838	INFINITI	Q45	1995

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: ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
13730000	STRUCTURE:HOOD ASSEMBLY:LATCHES	☐ LEFT FRONT ☐ RIGHT REAR	☐ 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	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(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. TAK

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 required to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take stuncorrective action to correct a safety defect. The NHTSA proceeds with administrative enforcement proceedings against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Form Approved: O.M.B. No. 2127-0008

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 18 Mar 1997

od.or ___ ___
rt dt ___ ___
od.rt ___ ___
up.dt ___ ___

REFERENCE NO.: 810103

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

KIM MANFREDI

1825 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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
2FDMA5147SBC18592	FORD TRUCK	WINDSTAR	1995

*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCs) | NO. CYLINDERS

☒ NEW ☐ USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☐ AUTOMATIC

ANTI-LOCK BRAKES: ☒ YES ☐ NO

RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ☐ BOTH BELT ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
03250000	BRAKES:HYDRAULIC ANTI-SKID SYSTEM	☐ LEFT ☐ FRONT ☐ RIGHT ☐ REAR	☐ 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	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE EXCEEDS $1,000	POLICE REPORTED
☐ YES ☒ NO	☐ YES ☒ NO				☐ 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 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 the manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

HS Form 250-1 (Rev. 4-92)

Form Approved: O.M.B. No. 2127-0008

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	color ___ ___
151 *18 Mar 1997*	dlr ___ ___
	cs-n ___ ___
	cp-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*

(LAST EIGHT POSITIONS)

DATE PURCHASED ___ | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCL) ___ | NO. CYLINDERS ___

☐ NEW ☒ USED

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

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 ___ PATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
CUT OFF	*FUEL: VEHICLE CRASH*	☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ 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	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)

*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 Administration 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. In the NHTSA process which administrative enforcement action against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Form Approved: O.M.B. No. 2127-0008

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: 141 18 Mar 1997

od.or ___ ___
rt.or ___ ___
od.rt ___ ___
up.fr ___ ___

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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JNKNG01D0SM306838	INFINITI	Q45	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/CCLT) ___ NO. CYLINDERS ___ ☐ TURBO ☐ DIESEL ☒ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☒ AUTOMATIC

ANTI-LOCK BRAKES: ☒ YES ☐ NO

RESTRAINT SYSTEM: ☐ DRIVERSIDE AIRBAG ☐ MOTORIZED BELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT

CRUISE CONTROL: ☒ YES ☐ NO

DRIVE TRAIN: ☐ FRONT ☒ REAR ☐ 4-WHEEL

BODY STYLE: STA WAG ___ 4 DR ___ 2 DR ___ HATCH BK ___ VAN ___ PK UP TRK ___ OTHER ___

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

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
13730000	STRUCTURE,HOOD ASSEMBLY,LATCHES	☐ LEFT FRONT ☐ RIGHT FRONT ☐ REAR	☐ 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	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(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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Form Approved: O.M.B. No. 2127-0008

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 18 Mar 1997

REFERENCE NO.: 810103

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

KIM MANFREDI

1825 TEABROOK CT.

RALEIGH NC 27510

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. *	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
2FDMA5147SBC18592	FORD TRUCK	WINDSTAR	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)

NO. CYLINDERS

☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

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: 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

RELATED PART(S): ☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S): 33

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE $$$	POLICE REPORTED
☐ YES ☒ NO	☐ YES ☒ NO				☐ 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 Traffic and Motor Vehicle 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 action or initiates litigation against a manufacturer, your response or a statistical summary thereof may be used in support of the agency's action.

HS Form 100 (Rev. 11-93)

Form Approved: O.M.B. No. 2127-0008

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.: 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

* LOCATED AT LOWER DRIVER'S SIDE OF WINDSHIELD

ODOMETER READING | DATE PURCHASED | DEALER'S NAME, CITY & STATE | ENGINE SIZE (CID/CCS) | NO. CYLINDERS

☐ NEW ☒ USED

ENGINE: ☐ TURBO ☐ DIESEL ☐ GAS ☐ FUEL INJECTN

TRANSMISSION TYPE: ☐ MANUAL ☐ AUTOMATIC

ANTILOCK BRAKES: ☐ YES ☒ NO

RESTRAINT SYSTEM: ☐ DRIVER'S DE A/BAG ☐ MOTORBELT ☐ PASSENGER'S DE A/BAG ☐ 3-POINT BELT ☐ 3-POINT BELT

CRUISE CONTROL: ☐ YES ☒ NO

DRIVETRAIN: ☐ FRONT ☐ REAR ☐ 4-WHEEL

BODY STYLE: STA WAG ☐ 4 DR ☐ 2 DR ☐ HATCH BK ☐ VAN ☐ PK UP TRK ☐ 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 FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S)

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☐ YES ☐ NO

DOT/NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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(IES)

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

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974
Public Law 93-579

The 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 statistical summary thereof, may be used in support of the agency's action.

Page 1 of 2 (Rev. 9-93)

Form Approved: O.M.B. No. 2127-0008

US 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: 118 *19 Mar 1997*

od_or ___ ___
rt_dt ___ Y ___
od-rt ___
up-ltr ___ ___

REFERENCE NO.: 810171

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

MARY *CLEMENCE*

150 CENTRAL AVENUE

MADISON *NJ* *07040*

DAY TIME TELEPHONE NO. (AREA CODE)

201-377-9093

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
YS3DM55R5R2013320 (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVERS SIDE)	*SAAB*	*900*	*1994*

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: ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ 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	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)

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

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Form Approved: O.M.B. No. 2127-0005

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

DATE RECEIVED: 145 19 Mar 1997

od.or
rt.d:
od-rt
up-ltr

REFERENCE NO: 810172

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

EC LEWIS

2800 NORTH JEFFERSON

ARLINGTON VA 22207

DAY TIME TELEPHONE NO. (AREA CODE)

703 536 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	MODEL YEAR
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE	LINCOLN	TOWN CAR	1991

CORRECT 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: ☐ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ 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	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT FRONT ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S): 72

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO

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)

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

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HS-Form 350 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0006

US 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: 9 19 Mar 1997

od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

REFERENCE NO.: 810173

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

HARSHAD PAREKH

1920 JOHNSON FERRY RD

ALTANTA GA 30319

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.*	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
JT2AC52L8T0162374	TOYOTA	TERCEL	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/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

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	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES: 1

DATE(S) OF FAILURE(S): 15-OCT-96

MILEAGE AT FAILURE(S): 2

VEHICLE SPEED AT FAILURE(S): 40

MANUFACTURER CONTACTED ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☐ YES ☐ NO	☐ YES ☐ NO	0	0	___	☐ 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
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HS-Form 360 (Rev. 6-92)

Form Approved: O.M.B. No. 2127-0006

US 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: 145 19 Mar 1997

od_or ___ ___
rl_dl ___ Y
od_rt ___ ___
up_ltr ___ ___

REFERENCE NO. 810174

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

ELEANOR TARELES

1 NEWBERRY CT.

FARMINGTON CT 06032

DAY TIME TELEPHONE NO. (AREA CODE)

860 677 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. (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	SUBARU	LEGACY	1995

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

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	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT ☐ RIGHT ☐ FRONT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S): 18

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED ☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED
☐ YES ☐ NO	☐ YES ☐ NO	0	0		☐ 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

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Form Approved: O.M.B. No. 2127-0008

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

DATE RECEIVED: 145 19 Mar 1997

odr: ___
mdt: ___
odc: ___
upltr: ___

REFERENCE NO.: 810175

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

JERRY POFFENBERGER

700 #1 WIND RIDGE

FLORENCE KY 41042

DAY TIME TELEPHONE NO. (AREA CODE)

606 525 2576

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. * (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
	NISSAN	MAXIMA	1987

CURRENT ODOMETER READING | DATE PURCHASED ☐ NEW ☐ USED | 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 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 TIRE INFORMATION ON BACK)

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT FRONT ☐ RIGHT FRONT ☐ LEFT REAR ☐ RIGHT REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S)

MILEAGE AT FAILURE(S): 124

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☐ YES ☐ NO

NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT	FIRE	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE $$$	POLICE REPORTED
☐ YES ☐ NO	☐ YES ☐ NO				☐ 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

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HS Form 350 (Rev. 5-92)

Form Approved: O.M.B. No. 2127-0008

US 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: 116 19 Mar 1997

od_or
rt_dt
od-rt
up-ltr

REFERENCE NO: 810176

OWNER INFORMATION (TYPE OR PRINT)

NAME and ADDRESS

SHAWN BUCKHOLZ

5465 SLINT RD.

COCOA FL 32927

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.* (LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE)	VEHICLE MAKE	VEHICLE MODEL	MODEL YEAR
1N6SB11SXBC307892	NISSAN TRUCK	PICKUP	1997

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

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	PART NAME(S)	LOCATION	FAILED PART(S)
		☐ LEFT ☐ FRONT ☐ RIGHT ☐ REAR	☐ ORIGINAL ☐ REPLACEMENT

NO. OF FAILURES

DATE(S) OF FAILURE(S): 13-MAR-97

MILEAGE AT FAILURE(S): 2500

VEHICLE SPEED AT FAILURE(S)

MANUFACTURER CONTACTED: ☐ YES ☐ NO

DID NHTSA PREVIOUSLY CONTACTED: ☐ YES ☐ NO

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

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