

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
 TO REPORT VEHICLE SAFETY DEFECTS  
 1-888-DASH-2-DOT  
 (1-888-327-4236)  
 INTERNET: www.nhtsa.dot.gov/hotline

**COPIED****POSTED**

OWNER INFORMATION (Type or Print)

FOR AGENCY USE ONLY

Date Received

**RECEIVED****00 MAY 22 AM 8:46**

Officer

or

Court

up

Reference No.

**DEFECTS INVE****552331**

Daytime Telephone Number

*Unlisted*

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    /    /   **PRODUCT INFORMATION**

|                                                                              |  |                                                                                                       |  |                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Vehicle Identification No. (VIN.)<br>(17 Digits)<br><b>2FMDAS14XTBA63053</b> |  | Make<br><b>Ford</b>                                                                                   |  | Model<br><b>Windstar</b>                                                                                                                                                                                                                                                |  | Year<br><b>1996</b>                                                                                                                                                                                                      |  |
| Purchased Date                                                               |  | Dealer's Name                                                                                         |  | Engine Size (CID/CC/L)<br><b>  </b>                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Turbo                                                                                                                                                                                           |  |
| <input type="checkbox"/> New <input type="checkbox"/> Used                   |  | Dealer's City                                                                                         |  | State                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Diesel                                                                                                                                                                                          |  |
|                                                                              |  |                                                                                                       |  | Zip Code                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Gas                                                                                                                                                                                             |  |
| Manufacture Date<br>(on driver's door or pillar)                             |  | Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic |  | Restraint System<br><input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbell<br><input checked="" type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> 3-Point Belt                   |  | <input checked="" type="checkbox"/> Fuel Injection                                                                                                                                                                       |  |
|                                                                              |  |                                                                                                       |  | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                |  | Drive/Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                            |  |
|                                                                              |  |                                                                                                       |  | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |  | Body Style<br><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |  |

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

|                                                                                                 |  |                                                                                                                                          |  |                                                                                                        |  |                                                                                                   |  |
|-------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|
| Part Name(s)<br><b>DRIVE BELT</b><br><b>6/16/99 Power Steering</b><br><b>4/26/00 Water Pump</b> |  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear |  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |  | Handicap Adaptive Equip<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |
|-------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|

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

|                 |                             |           |  |                                                                                       |                                                                                         |
|-----------------|-----------------------------|-----------|--|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Tire Brand      |                             | Tire Name |  | Complete Tire Size                                                                    |                                                                                         |
| No. of Failures | Date(s) of Failure(s)       |           |  | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 | Mileage at Failure(s)       |           |  |                                                                                       |                                                                                         |
|                 | Vehicle Speed at Failure(s) |           |  |                                                                                       |                                                                                         |

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

|                                                                   |  |                                                                  |  |                           |  |                      |  |                                                                                      |  |
|-------------------------------------------------------------------|--|------------------------------------------------------------------|--|---------------------------|--|----------------------|--|--------------------------------------------------------------------------------------|--|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Number of Persons Injured |  | Number of Fatalities |  | Reported to Manufacturer<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|-------------------------------------------------------------------|--|------------------------------------------------------------------|--|---------------------------|--|----------------------|--|--------------------------------------------------------------------------------------|--|

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

Continue on back.

**The Privacy Act of 1974 - Public Law 93-579** This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-365-7882