



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

FOR AGENCY USE ONLY

Date Received

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_r1 \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.

OWNER INFORMATION (Type or Print)

JAN 25 2001

**564010**

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 10/28/2001

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side)		Make	Model	Year
1FMCA11U8SA38961		FORD	AEROSTAR	1995
Purchased Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City	State	No. Cylinders	
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain
	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Maxorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style		
<input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Windshield Adhesive	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input 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?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

While having windshield replaced, GATES BROS GLASS informed that windshield had corroded most likely due to improper preparation during previous installation by someone else. GATES BROS. would not re-install without having repairs made to O.E. specifications. VAN WAS TOWED TO ANOTHER glass shop who installed windshield without repairing to O.E. Specs.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 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 202-366-7862