



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
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

15-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

740953

Work Number

Home Number 530 894 6136

OWNER INFORMATION (Type or Print)

NICOLE HENDERSON 676422
1409 SPRUCE AVENUE
CHICO CA 95926

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) _____ (Located at bottom of windshield on driver's side)	Vehicle Make FORD	Vehicle Model ASPIRE	Vehicle Year 1995	Current Odometer Reading
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Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12410000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) 06-FEB-2001 Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?