



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 241**

Date Received

08-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8001780

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FMDA31X4T2B38194	FORD TRUCK	AEROSTAR	1996			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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

Component 02600000	Part Name(s) WHEELS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**THREE OF ORIGINAL ALUMINUM SPOKE WHEELS HAVE BROKEN ACROSS THE SPOKES. DEALER / MANUFACTURER CONTACTED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER.\*AK**

COPIES OF THIS FORM ARE:

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238 DEFECTS INVESTIGATION

www.nhtsa.dot.gov/hotline

OFFICE OF DEFECTS INVESTIGATION  
JAN 14 2002

Form Approved: OMB No. 27-27-0050

247

Reference No. 8001780  
 Date Rec'd: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Office: \_\_\_\_\_

Home Number: [REDACTED]  
 Work Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of your signature, the manufacturer of the vehicle is deemed to have authorized NHTSA to provide a copy of report to the manufacturer of your vehicle.

Signature of Owner: [REDACTED] Date: 1/19/02

PURCHASE YEAR: 1996  
 Dealer's Name: Hayden  
 City: Enrera State: Ca. Zip Code: 95503  
 New  Used  
 Transmission Type:  Automatic  Manual  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  Passenger Side Airbag  Passenger Side Airbag

CRUISE CONTROL:  Yes  No  
 DRIVE TYPE:  Front  Rear  4-Wheel  
 VEHICLE TYPE:  Car  Van  Minivan  Other  
 Spot Utility  Truck  Motorcycle  
 BODY STYLE:  2-Door  4-Door  Station Wagon  Pick Up  Truck

Component: 02600000  
 Part Name(s): WHEELS  
 Location:  Front  Rear  
 Right  Left  
 Original  Replacement  
 Date(s) of Failure(s): 01-JAN-2002  
 Mileage at Failure(s): 82000  
 Vehicle Speed at Failure(s): 65  
 No of Failures: 3

APPLICATION INCIDENT INFORMATION  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: 0  
 Number of Failures: 0  
 Estimated Property Damage: 0  
 Reported to Police:  Yes  No

DESCRIPTIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  
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