



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 117**

Date Received

04-FEB-2002

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

Reference No.

8003469

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		
FILL IN	FORD TRUCK	AEROSTAR	1995			
Purchase Date <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	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)

**HAD ADJUSTED SEATBACK WITH LEVER, BUT WHEN RESTING AGAINST IT, IT WOULD MAKE A CLICKING NOISE AND JUMP OUT POSITION. THIS CAUSES PROBLEM WITH VISIBILITY. HAD TAKEN VEHICLE TO DEALER, AND HAD SEAT REPLACED. BUT, PROBLEM STILL EXISTS. \*AK**

CONFIDENTIAL - NHTSA

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.



DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

737264

Reference No. 8003469

OFFICE INVESTIGATION  
FEB 2002

117

FOR AGENCY USE ONLY

Signature of Owner

Date 2/16/02

## VEHICLE INFORMATION

Vehicle Year 1995  
Vehicle Make AEROSTAR  
Vehicle Model FORD TRUCK  
Vehicle Type AEROSTAR  
Original Equipment Reaction 114,850

Purchase Date 4-10-95  
Dealers Name LAMARQUE FORD  
City KENNER State LA Zip Code 70065  
Engine Size CID/CIL No Cylinders  
Fuel Injection Turbo Diesel Gas Fuel Injectio

Transmission Type Automatic  
Rear Brake System 3-Point Bel  
Cruise Control No  
Vehicle Type Sport Lill  
Body Style 2-Door

Component 12320000  
Part Name(s) INTERIOR SYSTEM: SEAT LATCH  
Location Front  
Failed Part(s) Original Replacer  
Date(s) of Failure 1995  
Mileage at Failure  
Vehicle Speed at Failure(s)

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  
Number of Failures  
Estimated Property Damage  
Reported to Police Yes  No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HAD ADJUSTED SEATBACK WITH LEVER, BUT WHEN RESTING AGAINST IT, IT WOULD MAKE A CLICKING NOISE AND JUMP OUT POSITION. THIS CAUSES PROBLEM WITH VISIBILITY. HAD TAKEN VEHICLE TO DEALER, WHO HAD SEAT REPLACED. BUT, PROBLEM STILL EXISTS. \*AK

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CONTINUE ON BACK IF NEEDED