



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1395

Date Received

Od_or

rt_dt

od_rt

up_lr

18-OCT-2002
DEFECTS INVESTIGATION

Reference No.

8021176

OWNER INFORMATION (Type or Print)

LEWISTON

CA

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES

NO

In the absence of an

name and address to the vehicle manufacturer.

Signature of Owner

Date 11/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)

NHT 25 H1V6
PLEASE PROVIDE 225098

Vehicle Make

FORD

Vehicle Model

ASPIRE

Vehicle Year

1997

Current Odometer Reading

63431

Purchase Date

1-25-1999

Dealer's Name

Miller Auto Center Car Lot

Engine Size

(CID/CC/L)

1.3 L

Turbo

Diesel

Gas

Fuel Injectio

☐ New ☒ Used

City

Redding

State

Calif.

Zip Code

96001

No Cylinders

4

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Bel☒ Passengerside Airbag

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Ult☐ Truck☐ Motorcycle

Body Style

☒ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

02011000

Part Name(s)

WHEELS:RIM BASE

Location

☒ Left☒ Front☒ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 08-OCT-2002

Mileage at Failure(s) 80000

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☒ Yes ☐ No

NHTSA

Previously

☐ Yes ☐ 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

☐ Yes☐ No

Fire

☐ Yes☐ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☐ No

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

CONSUMER STATES OF HAVING PROBLEMS WITH THE RIMS ON HER VEHICLE. DEALER WAS CONTACTED. MR

CONTINUE ON BACK IF NEEDED

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 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) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1398 Date Received 18-OCT-2002 Od_or rt_dt od_rt up_lr Reference No. 8021176 Work Number Home Number	
OWNER INFORMATION (Type or Print) LEWISTON CA			
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 contact you and address to the vehicle manufacturer. Signature of Owner Date <u>11/15/02</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) PLEASE PROVIDE <u>KNJ1P541V6</u> <u>225091</u>	Vehicle Mak FORD	Vehicle Mode ASPIRE	Vehicle Year 1997
Purchase Date <u>6-25-1999</u> ☐ New ☒ Used		Dealer's Name <u>Miller Auto Center (Car Lot)</u> City <u>Redding</u> State <u>Calif.</u> Zip Code <u>96001</u>	Engine Siz (CID/CC/L) <u>1.3 L</u> No Cylinders <u>4</u> ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	Cruise Control ☐ Yes ☒ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	☐ Sport Utk ☐ Truck ☐ Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02811000	Part Name(s) WHEELS:RIM BASE	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>08-OCT-2002</u> Mileage at Failure(s) <u>60000</u> Vehicle Speed at Failure(s)	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) CONSUMER STATES OF HAVING PROBLEMS WITH THE RIMS ON HER VEHICLE. DEALER WAS CONTACTED. MR			

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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**