



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 156

Data Received
 10-JAN-2000
 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.
 854804

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>(Listed at front of windshield or driver's side)</small> 1FMCA11U4TEA49652	Vehicle Make FORD TRUCK	Vehicle Model AEROSTAR	Vehicle Year 1996	Current Odometer Reading
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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 Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <input 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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>20-DEC-1999</u> Mileage at Failure(s) <u>95</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING SEATBACK BOLT SHEARED OFF, CAUSING THE DRIVER'S SEAT TO COLLAPSE BACKWARDS, WHICH ALMOST CAUSED A LOSS OF VEHICLE CONTROL AND A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK (REVERSE)

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.



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Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
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INTERNET: <http://www.nhtsa.dof.gov>

FOR AGENCY USE ONLY 158

Date Received **RECEIVED**
10-JAN-2000
OFFICE OF DEFECTS INVESTIGATION
854804

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number na
Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
in the absence of an authorized representative, provide your name and address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 1/21/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FMCA11U4TEA49652	Vehicle Make FORD TRUCK	Vehicle Model AEROSTAR	Vehicle Year 1996	Current Odometer Reading 97,100
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Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No Cylinders 6	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures /	Date(s) of Failure(s) 20-DEC-1999 Mileage at Failure(s) 65 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING SEATBACK BOLT SHEARED OFF, CAUSING THE DRIVER'S SEAT TO COLLAPSE BACKWARDS, WHICH ALMOST CAUSED A LOSS OF VEHICLE CONTROL AND A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT	MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The Cleveland Plain Dealer newspaper ran articles on seat backs breaking during accidents and passengers sitting behind being injured or killed.

We wanted to report that the seat back bolt broke on our front seat of our 1996 Ford Aerostar and we were not in an accident. It broke one day for no apparent reason. I had my 12 year old daughter try to hold up the seat back for me while I was driving. It was a difficult drive.

I did not realize the danger of this until the newspaper article and wonder if the new bolt is strong enough for this vehicle. We will try to have our children not sit behind the driver seat in the future.

I do not believe a seat bolt should ever break for no reason and feel Ford should have paid for this repair or be issuing a recall on the Aerostars. Thank you.

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590





FORD

JIM MARSH FORD, INC.

2811 ALPHATA ROAD
SELON, OHIO 4139
PHONE (440) 248-1550



FORD

"The Dealer That Gives You More"

Thank you for this opportunity to serve you. It is our aim to perform all the repairs requested on this repair order to your complete satisfaction. If our service was satisfactory tell your friends, if not, please tell us immediately.

P & A CODE C2319 - A		CHECK (✓) APPROPRIATE BOX		MILEAGE OUT
CLAIMS REVIEW	AUTHORIZATION TO SUBMIT CLAIM	PARTS SCRAP OUT		
PARTS	LABOR	TOTAL	DATE OUT	

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ORDERED BY: _____ DEALER, GENERAL MANAGER, OR AUTHORIZED "FORD" SALES PERSONNEL DATE: _____ CUSTOMER'S SIGNATURE: _____ X

INVOICE TO: _____ DRIVER/OWNER INFORMATION — INVOICE# C25724

FOR OFFICE USE

TAG# 1570 ADV# 220 YATCHNER, INVOICE# PRELIM CUS C CY
 TAX RULE# YY1MM INVOICED AT: 12/20/99 13:56:09
 ODOMETER IN# 95931 DIST: FMC
 DATES BEGIN 12/20/99 DONE 12/20/99

VEHICLE INFORMATION

VIN 1FMDAUJMTZM9632 LICENSE NUMBER: _____
 96 FORD AEROSTAR 2ND 3DR HWY
 DATES INSERVICE 122693 PRODUCTION: 112893

CONCERN 51 SEAT BACK-DRIVERS SEAT BROKEN-ADVISE
 CORRECTION DISASSEMBLE AS REQ'D TO ACCESS, DRILL OUT & TAP BOLT HOLE, REPLACE
 COMMENT BOLT, REINSTALL

OPERATION	TECH	HOURS	AMOUNT
OSL	199	.0 B	.00

PART NUMBER	QTY	NOTE	DESCRIPTION	SEL	AMOUNT
082457	1		VI-TOP	168.75	168.75

SUBTOTAL		168.75
SUBLET REPAIRS		168.75
TOTAL CHARGE FOR CONCERN		168.75

TYPE: C

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C25724

SUBLET REPAIRS	168.75
TOTAL CHARGE	168.75

PAYMENT DISTRIBUTION FOR INVOICE C25724

TOTAL CHARGE	168.75
CASH DUE	168.75

IF YOU HAVE ANY QUESTIONS - PLEASE SEE CHUCK YATCHNER

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LAST PAGE

Thank You!

USA