



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

<b>FOR AGENCY USE ONLY</b> 156	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
16-MAR-2000	Reference No. <b>858637</b>

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>1FMDA41X9SCA18332</b>	<b>FORD TRUCK</b>	<b>AEROSTAR</b>	<b>1995</b>			
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____						

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07360000	Part Name(s) <b>POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)</b>	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 Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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

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

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

**RECALL 97V204000: TRANSFER CASE: RECALL BEEN REPAIRED TWICE BY TWO FORD DEALERS QUALITY FORD, WHITEVILLE, NC AND PERVIS BROTHERS, FAYETTEVILLE, NC 910-864-3983. THE PROBLEM IS STILL OCCURRING, REMEDY DID NOT FIX THE SAFETY DEFECT. 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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>                  NATIONWIDE 1-888-DASH-2-DOT                  1-888-327-4236                  www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 156	
	Date Received MAY 15 4:10:68 16-MAR-2000 OFFICE DEFECTS INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_itr _____
OWNER INFORMATION (Type or Print)		
[Redacted]	596897	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.		
Signature of Owner _____		Date <u>3/30/00</u>

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FMDA41X9SCA18332	FORD TRUCK	AEROSTAR	1995			
Purchase Date	Dealer's Name <u>Quality Ford</u>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Whiteville</u> State <u>NC</u> Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07380000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures <u>3</u>	Date(s) of Failure(s) <u>1997-1998-1999-</u> Mileage at Failure(s) <u>50,000 90,000 100,000</u> Vehicle Speed at Failure(s) <u>50mi/h 45mi/h 55mi/h</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 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

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

RECALL 97V204000: TRANSFER CASE: RECALL BEEN REPAIRED TWICE BY TWO FORD DEALERS QUALITY FORD, WHITEVILLE, NC AND PERVIS BROTHERS, FAYETTEVILLE, NC 910-864-3983. THE PROBLEM IS STILL OCCURRING, REMEDY DID NOT FIX THE SAFETY DEFECT. PLEASE PROVIDE FURTHER INFORMATION. \*AK

*The Van WAS TAKEN TO Whiteville for the first problem with the transfer this took 3 weeks before the 1st recall was done. AT THIS TIME I had to Rent a car for the purpose of getting to work I spend over \$500.00 in Fees approx \$180.00 for repair on the Van.*



File # 2097328



# Ford Motor Credit Company

BRANCH OFFICE ADDRESS  
FORD MOTOR CREDIT CO.  
Ramsey St. Suite 300  
PO Box 1028  
Fayetteville, NC 28302-1028



DATE	DEC 5 1996
ACCOUNT NUMBER	KF A16169Y2
CUSTOMER NAME	[REDACTED]
VEHICLE IDENTIFICATION NO.	1FM DA41X9S2A1P332

Dear Customer,

At your request, we are providing you with the amount required to pay your account in full, provided payment is made on or before the expiration date (Good Until Date) shown below. If payment is not made by the expiration date, please request a revised pay-off amount.

Amount to Pay in Full: \$ 17,170.91

Expiration Date (Good Until Date): Dec. 24, 1996

We appreciate your business.

Very truly yours,

Ford Motor Credit Company

63256

5 4 7 8 2

# PURVIS BROTHERS FORD

PO BOX 35847 \* 256 SWAIN ST  
FAYETTEVILLE, NC 28303-0847  
(910) 867-1121  
SERVICE # (910)-864-3983  
FAX # (910) 867-7538

\*WARRANTY\*

PAGE 1

SERVICE ADVISOR: 4564 TOM SEAFORD

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	95	FORD AEROSTAR	1FMDA41X9SZA18332	MYVISION	84439/84439	T181	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN95			18:00 07JUL98		0.00	CASH	24JUL98
R.O. OPENED		READY	OPTIONS: DLR:010224				
18:35 06JUL98		15:37 24JUL98					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CHECK TRANS FOR LOUD GRINDING NOISE WHEN GOING INTO REVERSE AND FORWARD GEAR. (TRANNS FER CASE REPLACED AT WHITEVILLE FORD.)  
 CAUSE: TRANSFER CASE ASSY REPLACED  
 7003B TRANSFER CASE (T7005) - REMOVE AND INSTALL OR REPLACE  
 4507 W94 1.70 92.96 92.96  
 1 F79A\*7A195\*HB CASE ASSY - TRANSFER 1752.43 1752.43 1752.43

FC: N50 01

PART#: F79A\*7A195\*HB

COUNT:

125174 175243 TPARTS

CLAIM TYPE: SPW

AUTH CODE:

6460

2550 9296 TLABOR

NOTE: CRUISE SWITCH MISSING

IMPORTANT

WE NEED YOUR HELP!

YOU WILL RECEIVE A QUESTIONNAIRE FROM FORD MOTOR CO. IN THE NEXT FEW DAYS. IF FOR ANY REASON YOU CANNOT GRADE US A 10 (ON A SCALE OF 1-10) PLEASE CONTACT MR. PHIL JACKSON IN THE SERVICE DEPT. OR CALL 910-867-1121

*Handwritten signature and date:*  
 Paid 7-28-98

COST, SALE, & COMP TOTALS 127724 184539 0

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION OF THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	PROGRAM CODE(S)	CROSS REFERENCED TO	DESCRIPTION	TOTALS
	REPAIR 1	(CHECK 1 AT APPROPRIATE BOX) <input type="checkbox"/> CLAIM REVIEW <input type="checkbox"/> AUTHORIZATION TO REPORT CLAIM <input type="checkbox"/> PARTS ORDERED		LABOR AMOUNT 92.96
	REPAIR 2	PARTS    LABOR    TOTAL <small>Authorized Signature And Date</small>		PARTS AMOUNT 1752.43
	REPAIR 3	APPROVAL CODE (OR NO.)	COMMITMENT CODE	GAS, OIL, LUBE 0.00
		SERVICE INSTALLED PARTS	PROBABLE (R), (W)	SUBLET AMOUNT 0.00
		DATE INSTALLED	ACERUS AVERAGE	MISC. CHARGES 0.00
				TOTAL CHARGES 1845.39
				LESS DEDUCTIBLE 0.00
				SALES TAX 0.00

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATOR DESCRIPTION
							FMDA41X9SZA18332 995 AEROSTAR 1.0L EFI OHV OPEN CAMPAIGNS 99S02 CESSARY POWER CIRCUIT WARRANTY START DATE 11/05/1993 SS THAN TWO DEALER APPROVED AWAY ESP INFORMATION AVAILABLE THIS VEHICLE HAD A MORSEI CONTACT
VEHICLE ID NO	STOCK NO	DELIVERY DATE	DELIVERY TIME	DELIVERY MILEAGE	DELIVERY CITY	DELIVERY STATE	
CUSTOMER NO	SERVICE CONTRACT	CONTRACT NO	TRAILER	MILEAGE	ATY	DATE	
RESIDENCE PHONE	MAIL RECEIVED						
BUSINESS PHONE	LABOR RATE						
DATE/TIME PROMISED	SECURITY						
SALE POINT	YES						

03/31/2000 13:30:09

EXTLN MPV 4X4  
AUTO OVERDRIVE  
AXLE CODE: 24

BUILD DATE 10/13/1994 START ODOM  
REPAIR VISITS PAID TO DATE

CLOSED WITHIN THE PAST 180 DAYS

OR MORE INFO  
ARTIN  
MENU OR  
BYE

LABOR INSTRUCTIONS

RECOMMENDED SERVICES	OPERATION	DESCRIPTION	MO / MI	TOTAL

02/31/2000

HISTORY LISTING

95

3020

13:55:45

PAGE 1

CUSTOMER NAME [REDACTED]

SERIAL NO. : LFMDA41X9SZALB332

R.O NO. : 630930 R.O DATE : 11/19/1998 R.O TYPE : S  
MILEAGE : 97757 ADVISOR NO. : 4564

JOB NUMBER : 1 OPERATION NCFO OP. DESC.  
SALE TYPE : C TECHNICIAN NO(S) : 4527  
CORRECTION : NO CHARGE

JOB NUMBER : 1 OPERATION 7003EFO OP. DESC.  
SALE TYPE : W TECHNICIAN NO(S) : 4507  
CORRECTION : TRANSFER CASE (T7005) - REMOVE AND INSTALL OR REPLACE

WARRANTY : CLAIM NO. OPERATION NO. CLAIM NO. OPERATION NO.  
547620 7003EFO

COMMENTS : NOTE:CRUISE SWITCH MISSING

R.O NO. : 526760 R.O DATE : 06/06/1998 R.O TYPE : S  
MILEAGE : 82283 ADVISOR NO. : 4550

JOB NUMBER : 1 OPERATION NN70 OP. DESC.  
SALE TYPE : C TECHNICIAN NO(S) : 4527  
CORRECTION : NOT NEEDED AT THIS TIME

R.O NO. : 488160 R.O DATE : 06/04/1998 R.O TYPE : S  
MILEAGE : 77298 ADVISOR NO. : 4564

JOB NUMBER : 1 OPERATION MFO OP. DESC.  
SALE TYPE : I TECHNICIAN NO(S) : 4536  
CORRECTION : MISC

