

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

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

255

Date Received

15-MAY-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

861886

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.)<br><small>(located at front of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|                                                                                                   | FORD TRUCK   | AEROSTAR      | 1991         |                          |

|                                                                       |                                       |                                |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size<br>(CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____            |                                                                                                                                              |

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                 |                                                                                                                                                |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06420000 | Part Name(s)<br>FUEL THROTTLE LINKAGE/ACCELERATOR/RIGID                                         | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

VEHICLE SUDDENLY ACCELERATED WHILE BEING PLACED INTO REVERSE AT A HIGH SPEED.  
 VEHICLE HAD TO BE STOPPED BY TURNING OFF THE KEY. DEALER HAS BEEN CONTACTED.\*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 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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FOR AGENCY USE ONLY 255

00 JUN 20 PM 12: 26  
15-MAY-2000  
OFFICE

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_tr \_\_\_\_\_

DEFECTS INVESTIGATION

Reference No.

861886

## OWNER INFORMATION (Type or Print)

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 a signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 6/2/00

## VEHICLE INFORMATION

|                                                                                    |                                        |               |                           |                                                                                                                                                         |
|------------------------------------------------------------------------------------|----------------------------------------|---------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN.)<br>(Located at bottom of<br>windshield on driver's side) | Vehicle Make                           | Vehicle Model | Vehicle Year              | Current Odometer Reading                                                                                                                                |
| 1FMDA41X3MZAEL7EE                                                                  | FORD TRUCK                             | AEROSTAR      | 1991                      | 143, 968                                                                                                                                                |
| Purchase Date<br>1991                                                              | Dealer's Name<br>DAMAROW               |               | Engine Size<br>(CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used              | City<br>BEAVERTON State<br>OR Zip Code |               | No Cylinders              |                                                                                                                                                         |

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                                 |                                                                                                                                                |                                                                                                        |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br>#6420000 | Part Name(s)<br>FUEL-THROTTLE LINKAGES-ACCELERATOR-RIGID                                                        | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>2   | Date(s) of Failure(s)<br>7/24/98 5/5/00<br>Mileage at Failure(s)<br>143,968<br>Vehicle Speed at Failure(s)<br>- | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                       | NHTSA Previously<br>Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>NONE | Number of Fatalities<br>NONE | Estimated Property Damage<br>(1 <sup>st</sup> ) 6,000-<br>(2 <sup>nd</sup> ) - 0 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------|------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

VEHICLE SUDDENLY ACCELERATED WHILE BEING PLACED INTO REVERSE AT A HIGH SPEED. VEHICLE HAD TO BE STOPPED BY TURNING OFF THE KEY. DEALER HAS BEEN CONTACTED.\*AK

(2<sup>nd</sup> OCCURRENCE)

1<sup>st</sup> OCCURRENCE VEHICLE SUDDENLY ACCELERATED WHILE BEING PLACED IN DRIVE. RAN INTO PARKED CAR - NO INJURIES, SUBSTANTIAL DAMAGE TO BOTH VEHICLES. DRIVER WAS UNABLE TO STOP CAR. DRIVER STATED CAR WAS UNCONTROLLABLE & IT WAS SIMILAR TO A

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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590

Official Business  
Penalty for Private Use \$300

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

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Administration

U.S. G.P.O. 1992-425-907/60086

blowout exploding. Tires were scorching and  
smoke from tires as driver applied brakes but  
driver was still unable to stop car.  
and occurrence was the same only driver  
put car in reverse, car rapidly accelerated.  
driver was standing at bench & unable to stop  
car. Again tires were scorching and smoke  
coming from tires due to driver's attempting  
to stop car. Car left 90 feet of skid marks  
in elementary school parking lot/playing ground  
area. Thankfully no children were in that  
area by when this occurred. Driver had to turn  
ignition key off to stop the car.

|                                                                                                                                                                                                                     |   |   |      |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------|--|--|--|--|--|--|
| 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. *                                                                                                                                                                                           |   |   |      |  |  |  |  |  |  |
| D                                                                                                                                                                                                                   | O | T |      |  |  |  |  |  |  |
| 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)                                                                                                                                                                                   |   |   |      |  |  |  |  |  |  |