

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 117</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 13 PM 3:13 13 JUN 2000 OFFICE EFFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p> <p>Reference No. 863525</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p>	
[Redacted]	614162

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: [Signature] Date:

VEHICLE INFORMATION						
Vehicle Ident No (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1FMDA31X7TZA83031	Vehicle Make FORD TRUCK	Vehicle Model AEROSTAR	Vehicle Year 1996	Current Odometer Reading 67,871		
Purchase Date	Dealer's Name Keller Ford		Engine Size (CID/COI)	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Grand Rapids State MI Zip Code 49544		No Cylinders			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Bet <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door 3? <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 Q2600000	Part Name(s) WHEELS	Location also L Rear <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Recalled Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 7-27-99, 4-2-00 Mileage at Failure(s) 53454 97 + 65267 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE PARKED. OWNER NOTICED 3 WHEELS WERE CRACKED/BROKEN. TOOK VEHICLE TO DEALERSHIP TO HAVE WHEELS REPLACED. MECHANIC GAVE NO INDICATION OF WHAT CAUSED THE WHEELS TO BE CRACKED OR BROKEN.*AK

2 wheels (all aluminum) were shown cracked all the way thru in July of 99. Again in April, 2000 a third wheel was cracked (the most critical + deepest) All three were original equipment items. The dealership said

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



PRO RATA PERCENT	TOTAL PARTS	PRO RATA PERCENT	TOTAL LABOR	TOTAL CLAIM
SUB TOTAL	ALLOWANCE	PLUS PROCT CHG	LESS REF:	
(CHECK APPROPRIATE BOX)				
<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SHIP OUT		
\$ PARTS	\$ LABOR	\$ TOTAL		
Authorized Signature and Date				

DATE INSTALLED		APPROVED BY	
MO.	DAY	YR.	ONST TENTHS
APPROVAL CODE OR NO.		COMMITMENT CODE	
REPAIRS			09696

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 FROM 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 3(1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW.

X THIS COPY MUST BE RETURNED FOR ADJUSTMENT. SIGNED: _____ TITLE: GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

[REDACTED]					DRIVER/OWNER INFORMATION -- INVOICE: C34184				
					POTTER, GARY 5897 ARROYO VISTA DR NE ROCKFORD, IL 60089 HOME [REDACTED] NI 49341				
OFFICE USE					VEHICLE INFORMATION				
TAG: 9901		ADJ: 269 LAFFERTY, INVOICE: PRELIM CUS C		PL		VIN 1FMDA3K71JAB3031		LICENSE NUMBERS: MI NP	
MFG: FROM		TAX RULES: NY2WV INVOICED: 04/14/2000 16145:34		98 FORD		AEROSTAR 2WD		3DR XTMYAN GREEN	
ODOMETER IN: 65267		DATES BEGIN: 04/12/00 DONE: 04/14/00		DIST: FMC		STOCK# 000P8109		DATES INSERVICE: 051796 PRODUCTION: 011696 SOLD: 050698	
DISCUSSION OF REPAIRS LISTED.									
CONCERN 51 REPLACE LF WHEEL, HAS A CRACK IN IT									
CORRECTION REPL LF WHEEL									
PART NUMBER PO# NOTE DESCRIPTION QTY OPERATION TECH HOURS AMOUNT									
FMC F79Z 1 1007 HA WHL ASY-1416 -SPD 1 WHEEL 423 .5 32.50									
SPD F79Z 1007 HA WHL ASY-1416 1 297.43 297.43									
FACTORY TECH: 423 - FASSETT-5256, P CERT#: M153598									
SUBTOTAL									
PARTS 297.43									
LAB-MECHANICAL 32.50									
TOTAL CHARGE FOR CONCERN 329.93									
TYPE: C									
CONCERN 52 REPAIR PASS SIDE SLIDING DOOR									
CORRECTION REPL FT LOWER VERTICAL ROLLER CLEAN & LUBE OTHERS, ADJ FT DOOR AS									
COMMENT NEEDED									
PART NUMBER PO# NOTE DESCRIPTION QTY OPERATION TECH HOURS AMOUNT									
FMC E69Z 1125001 A RLR ASY-BDY SD DR LW 1 DOOR 423 2.0 130.00									
FACTORY TECH: 423 - FASSETT-5256, P CERT#: M153598									
SUBTOTAL									
PARTS 25.32									
LAB-MECHANICAL 130.00									
TOTAL CHARGE FOR CONCERN 155.32									
TYPE: C									

KELLER FORD

"What a great, great guy!"

3385 ALPINE, NW
GRAND RAPIDS, MICHIGAN 49544

TELEPHONE (616) 784-6800
NATIONWIDE 1-800-452-0758
FAX (616) 784-8997
VISIT US AT OUR WEBSITE: www.kellerford.com
OR E-MAIL US AT: staff@kellerford.com



PRO RATA PERCENT	TOTAL PARTS	PRO RATA PERCENT	TOTAL LABOR	TOTAL CLAIM
SUB TOTAL	ALLOWANCE	PLUS PRICE DIFF.	LESS RED.	
CHECK (X) APPROPRIATE (INITIALS)				
CLAIMS REVIEW	AUTHORIZATION TO SUBMIT CLAIM	PARTS SCRAP OUT		
\$ PARTS	\$ LABOR	\$ TOTAL		
Authorized Signature and Date:				

FACILITY # F101504		AUTOMATIC DEALER SIGNATURE	
SERVICE INSTALLED PARTS			
DATE INSTALLED	ACQUIRED MILEAGE	ORIGINAL # NUMBER	PROGRAM CODE(S)
MO. DAY YR	MI. TENTH		REPAIR 1
APPROVAL CODE OR NO.		COMMITMENT CODE	
		REPAIR 2	
		REPAIR 3	
		P.A.A. CODE	
		09696	

ON DEPART OF SERVICE 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 FROM 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 SERVICE DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED BELOW.

X THIS COPY MUST BE RETURNED FOR ADJUSTMENT (SIGNATURE) BY DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)



DRIVER/OWNER INFORMATION --- INVOICE: W09609
POTTER, GARY
5897 ARROYO VISTA DR NE
ROCK HOP

FOR OFFICE USE
TAG: 0289 ADV: 209 WEIGERINK INVOICE: PRELIM WAR W GM VIN
MFG: FROM TAX RULES: NY2PN INVICED AT: 08/04/99 13:29:49 96
ODOMETER IN: 55654 DIST: FNC STOCK# 000F8109
DATES BEGIN: 07/27/99 DONE: 08/04/99 DATES INSERVICE: 051796 PRODUCTION: 011896 SOLD: 050698

CONCERN 51	CAUSE	CORRECTION	DESCRIPTION OF REPAIRS LISTED	OPERATION	TECH	HOURS	AMOUNT
51-1	DRIVERS FRONT WHEEL BROKEN	TIRE(S) - REPLACE		1007AF	421	.5	28.71
		TIRE(S) - REPLACE		1007AB	421	.5	28.71
		PART NUMBER	PO# NOTE DESCRIPTION QTY		SELL		
		FMC F792 1007 HA	#WHEEL ASY -SP0 1				
		SPD F792 1007 HA	#WHEEL ASY 1		178.46		178.46
		FMC F792 1007 HA	#WHEEL ASY -SP0 1				
		SPD F792 1007 HA	#WHEEL ASY 1		178.46		178.46
		PARTS: COUNT 4	ALLOWANCE: 234.96				
		TECH: 421 - PORTER-3975, FO	CERT#: M212075				
		SVC PART : 1007	CONCERN CD: A99				
			LINE AUTH: LH 072899 16342				
			FAIL CODE : 01				

TYPE: W	SUBTOTAL	PARTS	591.88
		LAB-MECHANICAL	57.42
		TOTAL CHARGE FOR CONCERN	649.30
	GRAND TOTALS		

SUMMARY OF CHARGES FOR INVOICE W09609	PAYMENT DISTRIBUTION FOR INVOICE W09609
PARTS 591.88	TOTAL CHARGE 649.30
LAB-MECHANICAL 57.42	
TOTAL CHARGE 649.30	FAC WARRANTY 324.65
	CASH DUE 324.65

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Ford parts Under? Ford
Tom Campbell Keller
1059
Don Muller
change of service
15465
170
33465

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED