Form Approved: O.M.B. No. 2127-0038

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
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 333	
Date Received: 06-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 864841

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KNJLT06H5R6118943	FORD	ASPIRE	1994	

Purchase Date
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
09002000	LIGHTING;GENERAL OR UNKNOWN COMPONENT;HEAD LIGHTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	05-JUL-2000 25000	| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WENT TO HAVE VEHICLE INSPECTED AND IT FAILED DUE TO THE LEN COVERING. COLOR OF THE LENS DOESN'T ALLOW VISIBLE LIGHTING. CONTACTED DEALER.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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
1-888-327-4236
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FOR AGENCY USE ONLY 333

Date Received: 00 JUL 31 AM 11:51
06-JUL-2000
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 864841

OWNER INFORMATION (Type or Print)

[redacted] 618653

Work Number

Home Numb[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an a[redacted]ur name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/26/00

VEHICLE INFORMATION

Vehicle Iden. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
KNJLT06H5R6118943	FORD	ASPIRE	1994	25,000

Purchase Date: June - 1994 ☒ New ☐ Used

Dealer's Name: Ford Motor Company
City: Detroit State: MI Zip Code: 48243

Engine Size (CID/CC/L): ____ No Cylinders: 4

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☒ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2 Point Belt ☒ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ____

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Component	Part Name(s)	Location	Failed Part(s)
09002000	LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	☒ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	05-JUL-2000	25000		☒ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WENT TO HAVE VEHICLE INSPECTED AND IT FAILED DUE TO THE LEN COVERING. COLOR OF THE LENS DOESN'T ALLOW VISIBLE LIGHTING. CONTACTED DEALER.*AK

CONTINUE ON BACK IF NEEDED

1800-312 Ford

ENHANCED EMISSIONS & SAFETY TEST

VEHICLE INSPECTION REPORT

COMMONWEALTH OF MASSACHUSETTS

MOTOR VEHICLE INSPECTION AND MAINTENANCE PROGRAM

SUMMARY RESULTS	Overall Result	Emissions	Visual Inspection	OBDII and Evap	Safety	Sticker #
	FAIL	PASS	N/A	PASS	FAIL	004090870

STATION INFORMATION

MASS99 Number	Inspector Name	Inspector License Number	Station Number
ES999789	BENJAMIN,GREGORY	S48070868	PB004670

Station Name	Station Address	
HIGH STREET SERVICE INC.	60 HIGH STREET	
	DANVERS	01923

VEHICLE INFORMATION

VIN	License Plate Number	Plate Type	State	Year	Test Date
KNJLT06H5R6118943	354DEB	PAN	MA	1994	07052000

Make	Model	Transmission Type	Cylinders	Odometer
FORD	ASPIRE	M	4	25901

TEST INFORMATION	Test Type	Authorization Number	Test Time	Test ID Number	Amount Paid
	Initial	002450012	10:19:46	N/A	$29.00

CONSUMER INFORMATION

Your vehicle **failed** the safety test. Safety defects must be repaired immediately and retested within 60 days of the inspection failure date. Ask your inspection station for a "What If I Fail?" brochure. Call 877-387-8234 with questions or visit http://vehicletest.state.ma.us.

SAFETY INSPECTION

Brakes - Functional	PASS	Horn - Functional	PASS	Stop Lights and Tail Lights - Funct	PASS
Headlamps - Functional	FAIL	Directional Signals - Functional	PASS	Steering and Suspension Drive Wheel	PASS
Steering and Suspension Non-Drive W	PASS	Windshield Wipers and Cleaners - Fu	PASS	Front Safety Belts - Functional	PASS
Exhaust System - Functional	PASS	Rear Windows - Visual	PASS	Windshield Tinting - Visual	PASS
Lighting Devices and Reflectors - V	PASS	Bumpers/Fenders/External Sheet Meta	PASS	Fuel Tank Cap - Visual	PASS
Fuel Tank and Components - Visual	PASS	Altered Vehicle Heights - Visual	PASS	Exhaust System - Visual	PASS
Rear Safety Belts - Visual	PASS	Tires Drive Wheels - Visual	PASS	Tires Non-Drive Wheels - Visual	PASS
Steering and Suspension Drive Wheel	PASS	Steering and Suspension Non-Drive W	PASS	Other	PASS
		Lens W/O Seal			

Consumer Protection Program
of
Community Action, Inc.

25 Locust Street, Haverhill, MA 01830
Phone: 978-373-1971, Fax: 978-373-8966

Consumer

Name: [redacted]

Address:

City/State/

Day-time p

You are not required to answer but, are you 65 years or older? yes____ no ✓

Business/Complaint Against

Name: FORD Motor Co. Customer Assistance Center

Address: 300 Renaissance Center

City/State/Zip: P.O. Box 43360 Detroit, MI 48243

Phone: 1-800-392 FORD

Product/service involved: Head lamp assembly (2)

Cost of product/service: $180.32 each + tax **Amount paid to date:** 378.67

Date of transaction: _____ **Was a contract signed?** yes

How did you pay for product? cash ____ check ✓ credit card ____ loan ____

Was product advertised? mail ___ radio/tv ___ newspaper ___ phone ___ internet ___

Have you complained to the company? in person ___ by phone ✓ by letter ___

To whom? Selvin at Ford Motor Co. **Date** July 5, 2000

What outcome do you seek? Full compensation

"working in cooperation with the Massachusetts Office of the Attorney General"

Have you contacted another agency? NO Name of agency _____

Have you hired an attorney? NO Name of attorney _____

Please describe your complaint in detail. Include all relevant names and other information and describe any action you have taken to resolve this dispute and how the business has responded to you. (Attach additional pages if necessary.) Please include clear copies of receipts, contracts, bills, work/repair orders, advertisements, warranties, claim checks and other relevant documentation supporting the facts set forth in this complaint. You must sign this form in the space provided below.

CAR Failed safety inspection Due to manufacturing defect in Headlamp lens. Headlamp Assembly had to be Replaced at the cost of $120.32 each. I feel FORD is Responsible for the total cost. I contacted FORD Motor Co. they Refused to cover the cost for the lenses.

Motor vehicle complaints only

Make/model FORD ASPIRE Year: 94 Purchased: new ✓ used ____
Date of Purchase June - 94 Purchase Price 10,000.00
Vehicle Identification Number(VIN) KNJLT06H5R6183943
Mileage at purchase : New Current mileage 25,000
Total number of days vehicle in repair shop for same problem or defect: 9 DAYS FOR PARTS TO come in

Notice of availability of Face to Face Mediation

Face to Face mediation of this complaint is available through the North Essex Mediators of Community *Action, Inc. In mediation* both parties meet with neutral trained mediators in an attempt to resolve the dispute. 87% of all complaints referred to mediation reach agreements. The process allows for a quicker resolution of the problem and provides for the parties to develop a mutually acceptable resolution. Mediations are scheduled at the convenience of the parties Monday through Friday 9am to 5pm. There is no charge for this service.

Would you like to attempt to resolve this complaint through Face to Face mediation? NO

Signature [redacted] Date July 21, 2000

Confidentiality

Under most circumstances, the text of your complaint will be considered a public record, a copy of which is available to any member of the public upon request. However your name, address, phone number and any other information that identifies you will not be disclosed. Furthermore, no part of your complaint will be disclosed to a request that asks specifically for a complaint filed by you.

DANVERS MOTOR COMPANY, Inc.

106 Sylvan Street
DANVERS, MA 01923
Tel. (978) 774-0727 Fax (978) 750-8151
Direct Parts Line (978) 774-9892

10000 CHECK WILLIAM GUINEE 07/21/00 32563

FOR

RETAIL CASH SALE

1	0	F48Z-13007-B	UNIT AS 634093	SP-ORD	189.34	180.32	180.32
1	0	F48Z-13007-A	UNIT AS 634092	SP-ORD	189.34	180.32	180.32

ALL RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE AND ARE SUBJECT TO 10% HANDLING CHARGE.
NO RETURNS ON ELECTRICAL PARTS.
NO RETURNS AFTER 72 HOURS.
NO RETURNS ON SPECIAL ORDER PARTS.

THANK YOU FOR SHOPPING DANVERS FORD MOTOR CO. WE APPRECIATE YOUR BUSINESS

SUBTOTAL	360.64
TAX	18.03
FREIGHT	0.00
PAY THIS AMOUNT	378.67

10:04:40 CUSTOMER COPY FP16 1 OF

PARTS INVOICE