Form Approved: OMB No. 2127-0001

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 436	
Date Received 15-AUG-2001	Od_or rt_dt od_rt np_ltr
	Reference No. 894439

[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 Readin
KNJLT05H8S6121892	FORD	ASPIRE	1995	

Purchase Dat				
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 11-AUG-200 94000 Mileage at Failure(s)_____	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

VEHICLE WAS TRAVELING APPROXIMATELY 20-25MPH ON A DRY 2 LANE ROAD AND WAS INVOLVED IN AN ACCIDENT WITH ANOTHER VEHICLE GOING IN OPPOSITE DIRECTIONS. AS THEY MET TOWARD THE CENTER OF INTERSECTION. CONSUMER WAS FORCED TO HIT HEAD- ON OTHER VEHICLE. AT SAME TIME PASSENGER'S CAR HIT CONSUMER'S FRONT RIGHT SIDE, DAMAGING BUMPER/TIRE AND DOOR. BETWEEN THE 2 IMPACTS AIRBAGS NEVER DEPLOYED. CONSUMER DIDN'T SEEM TO THINK THAT PROBLEM WAS NOT AN ISSUE OF THEIRS.CONSUMER APPEALED TO THE AUTO SAFETY HOTLINE. INSURANCE ADJUSTER SCHEDULED AN APPOINTMENT TO INSPECT VEHICLE.*AK

CONTINUE ON A SEPARATE SHEET