



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 §20

Date Received

30-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899759

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FMDA31X8SZ0A1992	FORD TRUCK	AEROSTAR	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" 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 03250000 06400000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL	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 Failure 2	Dates of Failure(s) 16-OCT-2001 Mileage at Failure(s) 90000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE VEHICLE WAS MOVING IN REVERSE IT SUDDENLY ACCELERATED FORWARD, AND BRAKE SYSTEM FAILED TO STOP VEHICLE. DEALERSHIP DID NOT EXAMINE VEHICLE TO DETERMINE A CAUSE FOR THIS PROBLEM. *THIS WAS THE SECOND INCIDENT; FIRST OCCURRENCE TOOK PLACE IN MAY OF 1995. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK

COPIES OF THIS FORM ARE:

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.

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 920 Date Received: <u>12-12-2001</u> 30-NOV-2001 OFFICE OF DEFECTS INVESTIGATION Reference No. <u>899759</u> Work Number: <u>[REDACTED]</u> Item: <u>[REDACTED]</u>	
U.S. Department of Transportation National Highway Traffic Safety Administration			
OWNER INFORMATION (Type of Printing) Name: <u>[REDACTED]</u>			
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner: <u>[REDACTED]</u> Date: <u>12-12-2001</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN): <u>1FMDU32X8SZA19924</u>		Vehicle Year: <u>1994</u>	
Vehicle Make: <u>FORD PASSENGER VAN</u>		Vehicle Mode: <u>AEROSTAR XLT</u>	
Current Odometer Reading: <u>100,121</u>		Engine Size (CID/CCL): <u>[REDACTED]</u> <input checked="" type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Inject	
Purchase Date: <u>09-04-1995</u>		Dealer's Name: <u>DON REID FORD</u>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City: <u>ORLANDO</u> State: <u>FL</u> Zip Code: <u>32751</u>	
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 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		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 checked="" type="checkbox"/> Car <input type="checkbox"/> Short Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <u>VAN 8 PASSENGERS</u>	
Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck <u>VAN XLT</u>			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <u>03750000</u> <u>06400000</u>		Part Name(s): <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u> <u>FUEL THROTTLE LINKAGES AND CONTROL</u>	
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 type="checkbox"/> Replacement	
No. of Failures: <u>2</u>		Date(s) of Failure(s): <u>16-OCT-2001</u> Mileage at Failure(s): <u>90000</u> Vehicle Speed at Failure(s): <u>100,000</u>	
Failed Part(s): <u>?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(s) on the back of this form)			
Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Persons Injured: <u>0</u>		Number of Fatalities: <u>0</u>	
Estimated Property Damage: <u>\$2,000</u>		Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE VEHICLE WAS MOVING IN REVERSE IT SUDDENLY ACCELERATED FORWARD, AND BRAKE SYSTEM FAILED TO STOP VEHICLE. DEALERSHIP DID NOT EXAMINE VEHICLE TO DETERMINE A CAUSE FOR THIS PROBLEM. *THIS WAS THE SECOND INCIDENT; FIRST OCCURRENCE TOOK PLACE IN MAY OF 1995. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK <u>12-12-2001</u> PS: THIS VAN IS THE 4 TH PASSENGER AEROSTAR PURCHASED SINCE 1987 THE PREVIOUS ONE WAS DRIVEN 4 YEARS, 65,000 MILES XLT + NO PROBLEMS I HAVE DRIVEN 50 YEARS NEVER HAD ACCIDENT NOR TICKETS			

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.