



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
 DC METRO AREA (202) 366-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
**CORRECT MARK:** ●

### FOR AGENCY USE ONLY

Date Received <b>5-8-00</b>	Order # _____
Reference No. _____	Unit # _____
	Unit _____
	Unit _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) <b>1FMDA41X4TZA97376</b>		VEHICLE MAKE <b>Ford</b>	VEHICLE MODEL <b>Aerostar</b>	MANUFACTURE DATE <b>96</b>	MODEL YEAR <b>1996</b>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE <b>9/16/97</b>	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME <b>Auto Plex</b>	CITY <b>Albuquerque</b>	STATE <b>NM</b>	ZIP CODE
ENGINE SIZE <b>101/00/3</b>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorcyclist <input checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS <b>6</b>					CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input checked="" type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon	

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

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <b>Wheels broken Spokes</b>	NO. OF FAILURES <b>2</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>4/18/00</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>93,800</b>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	VEHICLE SPEED AT INCIDENT <b>70 mph</b>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input type="radio"/> No	

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), crash(es), and injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b>	CAUSE OF INCIDENT <input type="radio"/> Wear/Comaded/Bust <input type="radio"/> Weak/Foor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall OF <input type="radio"/> Eragin/Poor Performance <input type="radio"/> Excess ve Effort <input type="radio"/> No sy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Shocks/Grabs <input type="radio"/> Stehity/Vibration <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Roll over <input type="radio"/> Stals <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b>		

PLEASE DO NOT WRITE IN THIS AREA



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