



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

2003 SEP 4

FOR AGENCY USE ONLY 100161

Date Received

Repository

08-JUN-2003

Reference No.  
10025037

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: CROOKSVILLE State: OH Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 8/11/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B3EJ46XK1N599892  
Make: DODGE Model: STRATUS Model Year: 2001

Date Purchased: 12-3-01 Dealer's Name and Telephone Number: TANSKY INC  
Engine: No. Cylinders: 4 Fuel Type:

Original Owner:  Dealer's City: LANESVILLE State: OH Zip Code: 43701

Transmission Type:  Automatic Brakes:  Powertrain  
 Cruise Control  
Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION  
Multiple Failures: -1-

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

Incident Date(s): 25-JUN-2003  
Failure Mileage: 52,000  
Failure Speed: 25

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R15):

DOT No. (Example: DOTM19ABC036):  Original Equipment  Prior Repair  
Failure Location:

Tire Component Code: Tire Failure Type:

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: Date Manufactured: Model No./Name:

Seat Type: Installation System:

Child Seat Component Code: Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident, failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: Number of Deaths: Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE AUTOMATIC TRANSMISSION WENT OUT. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP. THE TRANSMISSION HAS TO BE REPLACED. \*AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Transmission went out after only 142 hrs. after purchase. The car only had 52,000 miles. I will never purchase another Chrysler product again. I feel these vehicles are unsafe. I thought they had there transmission issues resolved. I feel this needs to be looked into. There are so many people having issues w/ transmissions going out of Chrysler vehicles. Does it take someone getting seriously injured or even someone being killed. I feel these vehicles are unsafe. Someone needs to do something.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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QUESTIONNAIRE

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COMPLETE THIS FORM  
ON

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and dial toll free at

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(DASH) 2 DOT



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