


100161  
Call attached

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|--|--|---|---|
|  <p><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/>         To Report Vehicle Safety Defects<br/>         1-888-DASH-2-DOT<br/>         (1-888-327-4286)<br/>         INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p>   |  | <p>FOR AGENCY USE ONLY 758</p> <p>Date Received <sup>2003</sup> 10-JUL-2003</p> <p>Reference No. 10028983</p>       |   |
| <p>U.S. Department of Transportation<br/>         National Highway Traffic Safety Administration</p>   |  | <p>Date Received <sup>2003</sup> 10-JUL-2003</p> <p>Reference No. 10028983</p>                                      |   |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>  |  |   |   |
| <p>Name: [REDACTED]</p>  |  | <p>Daytime Telephone Number: [REDACTED]</p>   |   |
| <p>Address: [REDACTED]</p>   |  | <p>E-mail Address: [REDACTED]</p>   |   |
| <p>City: GEORGETOWN</p>  | <p>State: DC</p>   | <p>Zip Code: [REDACTED]</p>   |   |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>  |  | <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p> |   |
| <p>Signature of Owner: [REDACTED]</p>  |  | <p>Date: 10/1/03</p>  |   |
| <p><b>VEHICLE INFORMATION</b></p>  |  |   |   |
| <p>Make: CHRYSLER</p>  |  | <p>Model: VOYAGER</p>   | <p>Model Year: 2001</p>                                     |
| <p>Date Purchased: [REDACTED]</p>  | <p>Dealer's Name and Telephone Number: [REDACTED]</p>                            |   | <p>Engine: No. Cylinders: [REDACTED]</p>                    |
| <p>Original Owner: <input checked="" type="checkbox"/></p>   | <p>Dealer's City: [REDACTED]</p>   | <p>State: [REDACTED]</p>  | <p>Zip Code: [REDACTED]</p>                                 |
| <p>Transmission Type: AUTOMATIC</p>  | <p><input checked="" type="checkbox"/> Antilock Brakes</p>                       | <p>Powertrain: [REDACTED]</p>   | <p>Vehicle Component Code: 131000 VISIBILITY:WINDSHIELD</p> |
| <p><input type="checkbox"/> Cruise Control</p>   |  | <p>Multiple Failure: 1</p>  |   |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>  |  |   |   |
| <p>Incident Date(s): 07-JUL-2003</p>   | <p>Failure Mileage: [REDACTED]</p>   | <p>Failure Speed: [REDACTED]</p>  |   |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>   |  |   |   |
| <p>Tire Make: [REDACTED]</p>   | <p>Tire Model (Name or Number): [REDACTED]</p>                                   | <p>Tire Size (Example P215/65R15): [REDACTED]</p>   |   |
| <p>DOT No. (Example: DOTM4MBC036)</p>  | <p><input type="checkbox"/> Original Equipment</p>                               | <p>Failure Location: [REDACTED]</p>   |   |
| <p><input checked="" type="checkbox"/> Prior Repair</p>  |  | <p>Tire Component Code: [REDACTED]</p>  |   |
| <p>Tire Failure Type: [REDACTED]</p>   |  | <p>Tire Failure Type: [REDACTED]</p>  |   |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>   |  |   |   |
| <p>Make: [REDACTED]</p>  | <p>Date Manufactured: [REDACTED]</p>   | <p>Model No./Name: [REDACTED]</p>   |   |
| <p>Seat Type: [REDACTED]</p>   | <p>Installation System: [REDACTED]</p>   |   |   |
| <p>Child Seat Component Code: [REDACTED]</p>   | <p>Failed Part: [REDACTED]</p>   |   |   |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/>         (Please describe in detail the incident(s), failure(s), condition, and repair(s).)</p>  |  |   |   |
| <p>Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>  | <p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured: 0</p>   | <p>Number of Deaths: 0</p>                                  |
| <p>Reported to Police: N</p>   |  | <p>Reported to Police: N</p>  |   |
| <p>Narrative Description of Incident(s), Crash(es), and Injury(ies).<br/>         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)).</p>  |  |   |   |
| <p>WHILE DRIVING ON THE INTERSTATE A GOLF BALL SIZE PIECE OF DEBRIS FELL OFF A TRUCK AND HIT THE WINDSHIELD ON THE PASSENGER SIDE. CONSUMER NOTICED SLIVERS OF GLASS ON THE PASSENGER SEAT. *AK</p>  |  |   |   |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>   |  | <p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>  |   |
| <p><small>The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a privacy request 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 be taken 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.</small></p> |  |   |   |