



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8389
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 2003 OCT -	Color ____
Reference No. 10042317	id ____
	date 11: 37
	up to ____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: _____

STREET NO. 0 APT. NO. 0

CITY Culpeper STATE VA

ENTER ZIP CODE _____

ZIP CODE - 4 _____

AREA CODE _____

Do you authorize NHTSA to provide a copy of this 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 Sept. 13, 2003
DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Control at bottom of windshield or driver's dash)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<u>2E3HD56T25H523700</u>	<u>EAGLE</u>	<u>VISION</u>	<u>8-1994</u>	<u>1995</u>

VEHICLE MANUFACTURER

BMW Ford Honda Nissan Subaru Volvo Other _____

Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<u>7-03-03</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	<u>Hillside Motors</u>	<u>Culpeper</u>	<u>VA</u>	<u>22701</u>

ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
<u>2.3L</u>	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
<input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>Driver Seat, Passenger Airbag</u>	<u>01</u>	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE <u>7/4/03</u>	TIRE BRAND	
	MILEAGE AT INCIDENT <u>120,000</u>	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT <u>55 MPH</u>		
	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>01</u>		
	FIRE	NUMBER OF FATALITIES	<input type="checkbox"/> Wear/Corroded/Flatt <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Shift <input type="checkbox"/> Rollover <input type="checkbox"/> Steer <input type="checkbox"/> Sudden Acceleration
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>00</u>	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	

narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

While traveling down the highway traveling at approximately 55mph, the driver's automatic seat broke and flew back towards the back seats. Luckily no one was injured but we are still unable to repair the seat.

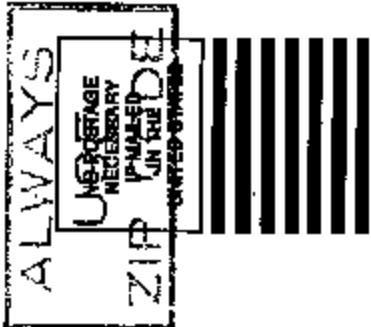
Passenger Airbag Cover is beginning to come up off of dashboard.

Continue on additional page if necessary.

Describe any additional incidents. (Exclude date and mileage)

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.

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

Complete and return or place in your car manual for future use



VEHICLE OWNER QUESTIONNAIRE (VO)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DO

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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