



# DOT Auto Safety Hotline Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

**FOR AGENCY USE ONLY**

Date Received: 10119103  
2005 APR 25 AM 3:10

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_jlr \_\_\_\_\_

Reference No. \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

### OWNER INFORMATION (Type or Print)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: CDRY State: D.C. Zip 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 or address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 4/22/05

### PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side): 2E3ED5GTHBH  
Make: E6IL 45 Model: 1994 Year: 1994

Purchased Date: 08/7/2004 Dealer's Name: Donald Stedman  
Dealer's City: Fayetteville State: D.C. Zip Code: 28384

Engine Size (CID/CC/L): \_\_\_\_\_  Turbo  Diesel  Gas  Fuel Injection  
No. Cylinders: \_\_\_\_\_

Manufacture Date (on driver's door or pillar): \_\_\_\_\_ Transmission Type:  Manual  Automatic  
Restraint System:  Driverside Air Bag  Motorbelt  Passengerside Air Bag  2-Point Belt  3-Point Belt

Cruise Control:  Yes  No  
Drivetrain:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Utility  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

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

Part Name(s): \_\_\_\_\_ Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement  
Handicap Adaptive Equip:  Yes  No

### TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: \_\_\_\_\_ Tire Name: \_\_\_\_\_  
Complete Tire Size: \_\_\_\_\_ DOT No.: \_\_\_\_\_

No. of Failures: \_\_\_\_\_ Date(s) of Failure(s): \_\_\_\_\_ Mileage at Failure(s): \_\_\_\_\_ Vehicle Speed at Failure(s): \_\_\_\_\_  
Failed Part(s) Available?  Yes  No  
NHTSA Previously Contacted?  Yes  No

### APPLICABLE INCIDENT INFORMATION

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

Crash:  Yes  No  
Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_  
Reported to Manufacturer:  Yes  No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):  
My concern is with David O'Neal I took my car in for a recall they tried to charge me for the recall when I went back to get my car, I got the recall letter in the mail it said in black & white that I did not have to pay for them to fix the recall free of charge. So now David O'Neal has my car and I can't get it back until I pay the 1800 plus they didn't even fix the recall. So what am I supposed to do about this problem I THANK YOU I will go to a higher source if I have to. THANK YOU

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration 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)

DAVID O'NEAL

5500 CAPITAL BLVD PO. BOX 17628  
RALEIGH NC 27619

Richard Spyrison  
(919) 981-1034

M-F 7:30-6:00

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



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



**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VOQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

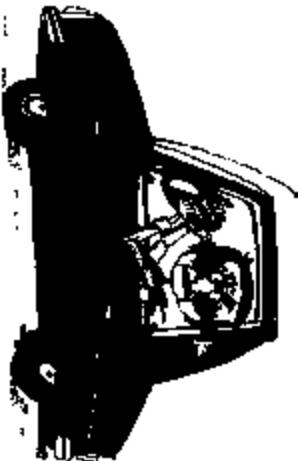
**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)