



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

FOR AGENCY USE ONLY 100143

Date Received

Repository ☐

Reference No.
10151734

2006 MAR 22 03-MAR-2006

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SAINT PAUL State MN Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to release the manufacturer of your vehicle?
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/10/06 ☒ YES ☒ NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1P4GP45GXYB [REDACTED] Make PLYMOUTH Model VOYAGER Model Year 2000
Date Purchased 01-OCT-99 Dealer's Name and Telephone Number WALSER CHRYSLER 952-935-2400 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner ☒ Dealer's City HOPKINS State MN Zip Code 55343
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 021400 SUSPENSION:FRONT:MACPHERSON STRUT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-FEB-2006 Failure Mileage 44060 Failure Speed [REDACTED] STRUT TOWER - DRIVER'S SIDE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) [REDACTED] ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

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

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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).

DT*: THE CONTACT STATED WHILE DRIVING, THERE WAS A NOISE IN THE FRONT END. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP AND IT WAS DETERMINED THE DRIVER SIDE STRUT TOWER RUSTED THROUGH. THE VEHICLE WAS THEN TAKEN TO AN AUTO BODY SHOP WHERE THE STRUT TOWER WAS REWELDED.

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 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)

I TALKED TO TIM SMITH, A SERVICE ADVISOR, FOR WALSER CHRYSLER ON MONDAY FEB 28, 2006 AFTER THE STRUT TOWER WAS REPAIRED BY A COMPANY CALLED EISEN BROTHER, INC. TO FIND OUT IF THERE WAS A RECALL OR IF THIS WOULD BE COVERED UNDER WARRANTY AND HE SAID NO TO BOTH QUESTIONS. HE SAID IT WAS MY FINANCIAL RESPONSIBILITY TO FIX THE RUSTED STRUT TOWER. I ALSO CALLED THE CHRYSLER CORPORATION WHICH TIM SMITH SUGGESTED, AND CHRYSLER SAID THERE IS NO RECALL, BUT THERE WAS ONE YOU WOULD BE RE-IMBURSED. KEEP YOUR RECEIPT. ATTACH ADDITIONAL SHEETS IF NECESSARY. I ALSO EXPLAINED HOW DANGEROUS THIS PROBLEM WAS.

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

ST PAUL MN 551

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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, NVS-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**