



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 100148

Date Received  
2006 NOV -9 AM 8:40  
03-OCT-2006

Repository   
Reference No.  
10169828

**OWNER INFORMATION (Type or Print)**

Name [Redacted] Daytime Telephone Number [Redacted] E-mail Address [Redacted]  
Address [Redacted] Evening Telephone Number [Redacted]  
City STATEN ISLAND State NY Zip Code [Redacted]

Signature of Owner [Redacted] Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1C4GJ2539 [Redacted]  
Make: CHRYSLER Model: VOYAGER Model Year: 2002  
Date Purchased: 01-DEC-01 Dealer's Name and Telephone Number: ACELLA CHRYSLER UNKNOWN Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner: [X] Dealer's City: STATEN ISLAND State: NY Zip Code: 10306  
Transmission Type: AUTOMATIC Antilock Brakes: [X] Cruise Control: [X] Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 021100 SUSPENSION:FRONT:STABILIZER BAR  
Multiple Failure: 2-3

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

Incident Date(s): 03-OCT-2006 Failure Mileage: 51000 Failure Speed: LINK, SWAY BAR BUSHINGS - (FRONT) (2) 474302HAC  
LINK-SWAY - (2) 474345HAC -

**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: DOTM9ABC036):  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(s), 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).

DT\*: THE CONTACT STATED WHILE DRIVING VARIOUS SPEEDS ON ROUGH ROAD CONDITIONS, THERE WAS A BANGING NOISE COMING FROM UNDERNEATH THE VEHICLE. UPON INSPECTION BY A DEALER, IT WAS DETERMINED THE STABILIZER SWAY BAR LINKS AND BUSHINGS NEEDED TO BE REPLACED. AFTER THE REPAIR, THE PROBLEM PERSISTED. THE MANUFACTURER WAS NOTIFIED.

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.

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).