



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

Posted
Date Received

FOR AGENCY USE ONLY

RECEIVED

COPIED

Od. or _____
rt. dt. _____
dl. n. _____
up. r. _____
Reference No. _____

QC'd

MAR-7 11 4 25

VEHICLE DEFECTS INVESTIGATION

560248

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Daytime Telephone Number
()

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 2/18/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 284FP2531XR219177		Make Dodge	Model DODGE VAN	Year 1999
Purchased Date 3/4/99	Dealer's Name JUNCTION AUTO	Engine Size (CID/CC/L) No. Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City CHARDON	State OHIO	Zip Code	
Manufacture Date (on driver's door or pillar) 11/98	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other VAN	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) THAN'S AXEL	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size		
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
				NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

[Empty space for narrative description]

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 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.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

ENGINE SERVICE LIGHT CAME ON IN WEST VIRGINIA.
 LIGHT PUT OUT AT SCOTT'S AUTO SALES INC. VALLEY BEND W.V.
 Problem: MULTIPLE ENGINE MISFIRE 25541 miles 4/26/00
 11/12/00 27304 miles ENGINE LIGHT ON - Needed Valve Job
 Rallye Motors Inc Ocala FL. (Repaired)
 12/07/00 30764 miles NUTS LOOSE ON AUTO TRANS AXLE (Repaired)
 AT CRYSTAL CRUYSER HOUSTON, FL.
 02/15/01 Oil leaks IN TRANS AXLE Also valve cover leaks
 Replaced P Rings & Valve Gaskets CRYSTAL CRUYSER TAVERNER FL
 (33846 Miles) I feel this vehicle is UNSAFE due to loose
 NUTS ON AUTO TRANS AXLE oil CONTINUES TO LEAK 2/28/01
 From Engine & TRANS AXLE Leaked oil on slabs forecasted same
 on 9/5/01

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

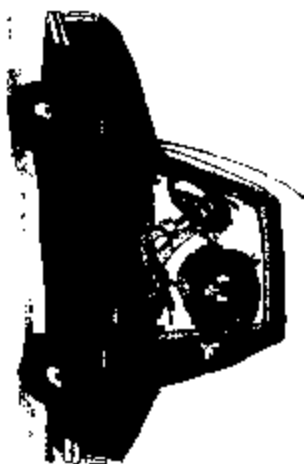
DASH 2 DOT

and dial toll free at

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