

POSTED

DOT Auto Safety Hotline

566158

FOR AGENCY USE ONLY



U.S. Department of Transportation

National Highway Traffic Safety Administration

QC'd

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

Date Received

RECEIVED

COUNTY PUBLIC

OFFICE DEFECTS INVESTIGATION

Odor _____
 rdt _____
 od, it _____
 up, hr _____

Reference No. _____

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street: [Redacted]
 City: Denver State: CO

Daytime Telephone Number: [Redacted]

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, you will provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/29/02

PRODUCT INFORMATION

| | | | | |
|---|---|---|--|---|
| Vehicle Identification No. (VIN.) (17 Digits) <u>4E3CT64U7ME042445</u> | | Make <u>Eagle</u> | Model <u>Talon</u> | Year <u>1991</u> |
| Purchased Date | Dealer's Name <u>Private</u> | | Engine Size (CID/CCL) <u>2.0</u> | <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's City | State | Zip Code | No. Cylinders <u>4</u> |
| Manufacture Date (on driver's door or pillar) | Transmission type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Restraint System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger's 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 type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|--|--|--|---|
| Part Name(s) <u>Head light 4666</u> | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement | Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------------|----------------------|--|

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

Continue on back.

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.

Mail postage free or fax to 202-366-7882

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

Head Lamp - Freezes up And/or Snow Build up
Will not melt.
Head Lamp light - diminish in bad weather.

ATTACH ADDITIONAL SHEETS IF NECESSARY

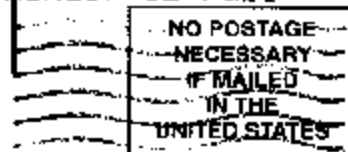
US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

OCR #2 19:52:08/04/02 COLORADO SPRINGS, CO P800



BUSINESS REPLY MAIL

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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

2039040001



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



**VEHICLE
OWNER'S
QUESTIONNAIRE
(V00Q)**

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

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(DASH) 2 DOT



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