



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 336

Date Received

11-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000569

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3EJ46X1BN727111		DODGE	STRATUS	1997	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150020	Part Name(s) ENGINE GASKETS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 07-DEC-2001	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 80000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS LEAKING OIL. CONSUMER TOOK VEHICLE TO DEALER, AND THEY STATED THAT CAR WAS ASSEMBLED WITH A PAPER THIN GASKET.*AK

COPIES OF THIS FORM ARE:

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.

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

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

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
YES ☒ NO ☐

Signature of Owner: _____
Date: 11/11/01

Vehicle Information

Vehicle Ident. No. (VIN): 1B3EJ46X1BN727111	Vehicle Make: DODGE	Vehicle Model: STRATUS	Vehicle Year: 1997	Current Odometer Reading: 100000
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OWNER INFORMATION (Type or Print)

Work Number: _____
Home Number: _____

Reference No.: 8000569

Received: 11-DEC-2001
Date: _____
By: _____

Vehicle Information

Vehicle Year: 1997	Engine Size: 4 Cylinders	Engine Type: Gas	Fuel Injection: Turbo
Vehicle Type: Car	Vehicle Style: 2-Door	Body Style: Station Wagon	Truck Up: No

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt
Motorcycle: No
Diverside Airbag: No
Passenger Side Airbag: Yes

Failed Component(s)/Part(s) Information

Component: ENGINE/GASKETS	Part Name(s):	Location: Front	Failed Part(s): Original
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Application Incident Information

Date(s) of Failure: 07-DEC-2001	Mileage at Failure: 80000	Vehicle Speed at Failure: 100 MPH
Number of Failures: 1	Number of Persons Injured: 0	Number of Fatalities: 0

Narrative Description of Failure(s), Incident(s), Injury(ies)

VEHICLE WAS LEAKING OIL. CONSUMER TOOK VEHICLE TO DEALER, AND THEY STATED THAT CAR WAS ASSEMBLED WITH A PAPER THIN GASKET. OK

Crash: Yes ☐ No ☐
File: Yes ☐ No ☐
Number of Persons Injured: _____
Number of Fatalities: _____
Estimated Property Damage: _____
Reported to Police: Yes ☐ No ☐

Privacy Act of 1974 (5 U.S.C. 552a) - This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.



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FOR AGENCY USE ONLY 254

Date Received

12-SEP-2000

Od_or _____
rt_dt _____
pd_rt _____
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Reference No.

8000569

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

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1C4GP54L5TBXXXXXX		CHRYSLER TRUC	TOWN AND COUN	1996	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L 6 CYL	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 09-DEC-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE COMPARTMENT FIRE, THIS LOSS INVOLVED A COLLISION AND FIRE, CLAIM # 75-A446-573. NLM

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NUMBER

8000569

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