

18,162

VEHICLE OWNER'S QUESTIONNAIRE	FOR AGENCY USE ONLY
	DATE RECEIVED _____
	od.pr _____ rt.dt _____ od.rt _____ up.tr _____

OWNER INFORMATION (TYPE OR PRINT)	
NAME & ADDRESS <div style="background-color: black; width: 200px; height: 60px; margin: 5px 0;"></div>	REFERENCE NO. 609160 DAY TIME TELEPHONE NO. (AREA CODE) _____

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 _____

VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO. 1B4HS2BY1WF165996	VEHICLE MAKE DODGE	VEHICLE MODEL <i>Strango</i>	MODEL YEAR 1998
* LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING 	DATE PURCHASED <i>4/98</i>	DEALER'S NAME, CITY, & STATE	ENGINE SIZE (CID/CC/L) _____ NO. CYLINDERS <i>8</i>
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		<input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> FJEL INJECTION
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVER SIDE AIRBAG <input checked="" type="checkbox"/> PASSENGER SIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> MOTOR BELT <input type="checkbox"/> 2-POINT BELT	DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL
			BODY STYLE <input type="checkbox"/> STAWAG <input type="checkbox"/> 2 DOOR <input checked="" type="checkbox"/> 4 DOOR <input checked="" type="checkbox"/> HATCH BK <input type="checkbox"/> VAN <input type="checkbox"/> PK UP TRK <input type="checkbox"/> OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION			
COMPONENT <i>Seat belt "click in" device</i>	PART NAME(S) <i>?</i>	LOCATION <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> FRONT	FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES <i>1</i>	DATE(S) OF FAILURE(S) <i>approx 7/98</i>	MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S) _____		
	VEHICLE SPEED AT FAILURE(S) _____		

APPLICABLE ACCIDENT INFORMATION					
ACCIDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS INJURED _____	NUMBER OF FATALITIES _____	PROPERTY DAMAGE EST \$ _____	POLICE REPORT FILED <input type="checkbox"/> YES <input type="checkbox"/> NO

FAILED TIRE INFORMATION ONLY		
TIRE IDENTIFICATION NO.* DOT	MANUFACTURER TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES) ON THE BACK

<p style="text-align: center;">The Privacy Act of 1974 Public Law 93-579</p> <p>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</p>	<p>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.</p>
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NUMBER

609160

CHANGED

TO

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