

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Data Received

17-OCT-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

734591

Work Number 319 388 9620

Home Number 319 326 5885

OWNER INFORMATION (Type or Print)

 RANDAL DYWIAK 650608
 1958 12 WALLING CT
 DAVENPORT IA 52803
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.) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3C3EL45H9TT265269	CHRYSLER	SEBRING	1996	

Purchase Date 01-SEP-2000	Dealer's Name _____	Engine Size (CID/CC/L) 2.5	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbell ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult Truck ☐ Motorcycle	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 1	Date(s) of Failure(s) 16-OCT-2000 Mileage at Failure(s) 62000 Vehicle Speed at Failure(s) 5	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Do not describe in detail the incident(s), failure(s), condition(s) or diagnosis on the back of this form.)