



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 258

Date Received

08-AUG-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

750126

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) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4B3AU42N5XE118504	DODGE	AVENGER	1999	

Purchase Date 01-APR-1999	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	Body Style
☐ 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	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 10	Date(s) of Failure(s) 06-AUG-2001 38000 Mileage at Failure(s) 50	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

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 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
---	---	--------------------------------	---------------------------	-------------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY CAR HAS PULLED TO THE LEFT CONSTANTLY AND CONSISTANTLY SINCE THE DAY I BOUGHT IT. IT HAS BEEN IN THE DEALERSHIP OVER 10 TIMES TO CORRECT THE PROBLEM, ALL THE TIME THINKING THAT IT WAS AN ALIGNMENT PROBLEM. THE CAR HAS BEEN ON THE "RACK" MANY TIMES AND THE DEALERSHIP REPORTED THAT THE CAR WAS IN ALIGNMENT ACCORDING TO "SPECS". THE LAST TRIP TO THE DEALERSHIP RESULTED IN A CAMBER KIT BEING INSTALLED ON THE FRONT RIGHT CONTROL ARM. THE PULL IS NOT AS PROMINANT, BUT IS STILL PRESENT. THE DEALERSHIP HAS INFORMED US THAT THERE IS NOTHING ELSE THEY CAN OR WILL DO UNDER WARRANTY.*AK

CONTINUE ON REVERSE

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.



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 258

Date Received

08-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

750126

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) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4B3AU42N5XE118504	DODGE	AVENGER	1999	

Purchase Date 01-APR-1999	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ 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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
-----------------------	--	--	---

No of Failure 10	Date(s) of Failure(s) 06-AUG-2001 38000 Mileage at Failure(s) 50	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
---------------------	--	--	--

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 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
---	---	--------------------------------	---------------------------	-------------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY CAR HAS PULLED TO THE LEFT CONSTANTLY AND CONSISTANTLY SINCE THE DAY I BOUGHT IT. IT HAS BEEN IN THE DEALERSHIP OVER 10 TIMES TO CORRECT THE PROBLEM, ALL THE TIME THINKING THAT IT WAS AN ALIGNMENT PROBLEM. THE CAR HAS BEEN ON THE "RACK" MANY TIMES AND THE DEALERSHIP REPORTED THAT THE CAR WAS IN ALIGNMENT ACCORDING TO "SPECS". THE LAST TRIP TO THE DEALERSHIP RESULTED IN A CAMBER KIT BEING INSTALLED ON THE FRONT RIGHT CONTROL ARM. THE PULL IS NOT AS PROMINANT, BUT IS STILL PRESENT. THE DEALERSHIP HAS INFORMED US THAT THERE IS NOTHING ELSE THEY CAN OR WILL DO UNDER WARRANTY.*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.



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 258

Date Received

08-AUG-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

750126

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) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4B3AU42N5XE118504	GOODYEAR	EAGLE	1900	

Purchase Date 01-APR-1999	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ 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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ 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 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 10	Date(s) of Failure(s) 06-AUG-2001 Mileage at Failure(s) 38000 50	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

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 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
---	---	--------------------------------	---------------------------	-------------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY CAR HAS PULLED TO THE LEFT CONSTANTLY AND CONSISTANTLY SINCE THE DAY I BOUGHT IT. IT HAS BEEN IN THE DEALERSHIP OVER 10 TIMES TO CORRECT THE PROBLEM, ALL THE TIME THINKING THAT IT WAS AN ALIGNMENT PROBLEM. THE CAR HAS BEEN ON THE "RACK" MANY TIMES AND THE DEALERSHIP REPORTED THAT THE CAR WAS IN ALIGNMENT ACCORDING TO "SPECS". THE LAST TRIP TO THE DEALERSHIP RESULTED IN A CAMBER KIT BEING INSTALLED ON THE FRONT RIGHT CONTROL ARM. THE PULL IS NOT AS PROMINANT, BUT IS STILL PRESENT. THE DEALERSHIP HAS INFORMED US THAT THERE IS NOTHING ELSE THEY CAN OR WILL DO UNDER WARRANTY.*AK (TIRESIZE: 205/55R16)

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.