



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

05-APR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

760285

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)<br><small>(Location at bottom of<br/>windshield and driver's side<br/>door)</small><br><b>4E3CT64U5LE158872</b> | Vehicle Make<br><b>EAGLE</b> | Vehicle Model<br><b>TALON</b> | Vehicle Year<br><b>1990</b> | Current Odometer Reading |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                                         |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-DEC-1997</b>                                   | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) <b>2.0 LI</b> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____                      |                                                                                                                                                         |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input checked="" type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                                                        |                                                                                                                                            |                                                                                                                                          |                                                                                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Component<br><b>07360000<br/>07450000<br/>07460000</b> | Part Name(s)<br><b>POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)<br/>POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT<br/>POWER TRAIN:AXLE ASSEMBLY</b> | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br><b>1</b>                              | Date(s) of Failure(s) <b>30-MAR-2002</b><br>Mileage at Failure(s) <b>111200</b><br>Vehicle Speed at Failure(s) <b>65</b>                   | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

I HAD ALREADY DONE THE TRANSFER CASE RECALL 3 YEARS PRIOR. DEALERSHIP DID NOT REPLACE ANY PARTS, ONLY THE FLUID IN THE TRANSFER CASE. I WAS ON A BUSY FREEWAY GOING 65MPH IN THE SLOW LANE WHEN ALL OF MY TIRES LOCKED UP WITHOUT ANY NOTICE. I BARELY MANAGED TO GET THE CAR OFF THE FREEWAY. POLICE OFFICER SAID IF I WAS IN A DIFFERENT LANE I MAY HAVE CAUSED A MAJOR TRAFFIC ACCIDENT AND DIED. THE CAR WOULD NOT MOVE AS I TRIED TO PUSH IT FURTHER AWAY FROM THE ROAD.THE TRANSFER CASE FAILED AND THE REAR DIFFERENTIAL AND BOTH REAR AXELS BROKE. THE DEALER ONLY COVERED THE TRANSFER CASE AND YOKE FOR REPAIRS, SAID THEY WOULDN'T COVER THE REAR AXELS AND DIFFERENTIAL. DEALER SAID I WAS DRIVING W/ A BAD REAR DIF

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.