785278

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 2/17/01 11:34AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (http://www.cartalk.cars.com/Tools/nhtsa.pl) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, February 17th 2001 at 11:33:43 AM

VECHICLE OWNER'S QUESTIONNAIRE

OWNER INFORMATION

NAM[redacted]

ADDR[redacted]

TELEP[redacted]

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN: 1b3ej56x0vn523017
MAKE: Dodge
MODEL: Stratus
YEAR: 1997

ODOMETER: 29555
PURCHASE DATE: NEW OR USED: New

DEALER NAME: United Auto Dodge of Shreveport
ADDRESS: Shreveport, LA 71105

ENGINE SIZE: 2.4L
CYLINDERS: 4

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: No
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: turn light inop (1st time-
installed incorrect elec. part
switch. Caused numeral misc.
elec problems. Ex. entire
control panel inop., HVAC inop,
no turn signals, no use of fog
lights, etc.)
back seat cover,
ft lwer cntl arm ball joint
(recall),
front brakes (warped rotor),
steering wheel noise, pop and
control dilemna,
rear driver door loose,
rusting rear door straps,
paint bubbles/peeling,

PART NAME(S): switch 7606383 (correct part)
and 7606382 (incorrect part),
cover rear 23106016,
arm contr 4616622 & 4616623
(recall),
rotor frt 4616835,
column st 4690543-AJ and
clkspring 4600163,
w/strip B 4646885,
dr. check 4814311 & 4814310,
paint material (repaint entire
car)

LOCATION: Left Rear

NUMBER OF FAILURES: 2,1,1,2,1,1,1,1

DATE(S) OF FAILURES: 3-8-00 & 10-29-99, 12-02-99, 10-10-98, 05-06-99 & 12-15-00, 10-29-99, 10-29-99, 10-29-99, 10-29-99, 11-22-99

MILEAGE AT FAILURE(S): 22091,20985,?, 15411 & 27000, 20731, 20731, 20731, 21750

SPEED AT FAILURE(S): n/a,n/a,n/a, 25 mph and 15 mph, 25 mph, always, n/a, n/a

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:
FIRE:

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: $

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

Anti-lock brake system not functioning. Told due to no pads left to stop with. When brake pads looked at, still in good condition.
I have gone more than 30 days without my car dealing with the nit-picking problems that plague this car. We bought it new as it sat on the lot one year. It had 1105 miles at time of purchase.
United Auto Dodge of Shreveport is where we bought it (90 miles away) and their service has been beyond poor. When I contacted the manager, Danny Rogers by mail, I recieved no response to this list of repairs.
When the car got painted, they didn't replace any of the stick on emblems. I had to go to the local dealer to have them put on.
Additionally, this car physical appearance does not match any other ES. The local dealer cannot explain this. The pinstriping is different than any other Stratus of 1997, and emblems on the car initally were not on the order list for when the emblems were replaced. Any idea where I can get a physical description of my car? Thank you.

END OF FORM

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 778

Date Received: **17-FEB-2001**

Od_or
rt_dt
od_rt
np_ltr

Reference No.: **785278**

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1B3EJ56X0VN523017	DODGE	STRATUS	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
09110000	LIGHTING:SWITCH:BUTTON:RING:TURN SIGNAL LIGHTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
2	08-MAR-2000 22091 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

TURN LIGHT SWITCH FAILED AND CAUSED CONTROL PANEL TO BE INOPERABLE. SIGNAL LIGHTS INOPERABLE, AND HVAC INOPERABLE. *SLC

CONTINUED ON REVERSE

Form Approved: OMB No. 2127-0042

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od_rt ____ ____
np_ltr ____ ____

Reference No.: 785278

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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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1B3EJ56X0VN523017	DODGE	STRATUS	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12330000	INTERIOR SYSTEMS:SEAT:MATERIAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	02-DEC-1999 154' 1 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

BACK SEAT COVER FAILED. *SLC

CONTINUED ATTACHED

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Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1B3EJ56X0VN523017	DODGE	STRATUS	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03273000 03250000	BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	06-MAY-1999 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ Yes ☐ No

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Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

CONSUMER STATES ABS IS NOT WORKING PROPERLY AND ROTORS ARE WARPED. *SLC

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Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01100000	STEERING:WHEEL AND COLUMN	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
1		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

STEERING WHEEL IS NOISY. *SLC

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Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
13400000 13410000	STRUCTURE:DOOR ASSEMBLY STRUCTURE:DOOR ASSEMBLY:FRAME AND PANEL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
1		☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

REAR DRIVER DOOR IS LOOSE, THERE IS RUST NEAR THE DOOR STRAPS. *SLC

CONTINUED ATTACHED