

**785709**

**From:** feedback@cartalk.com  
**To:** Alberto <NHTSA> Jimenez  
**Date:** 10/3/01 8:47PM  
**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](mailto:webmaster@cartalk.com)

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SUBMISSION DATE: Wednesday, October 3rd 2001 at 8:48:52 PM

#### VEHICLE OWNER'S QUESTIONNAIRE

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##### OWNER INFORMATION

NAME

ADDRESS

W

TELEPHONE

NHTSA authorized to send a copy of this report to the manufacturer: Yes

##### VEHICLE INFORMATION

VIN:

MAKE: 1991

MODEL: Eagle Summitt

YEAR: 1991

ODOMETER: 56000

PURCHASE DATE: 09/10/93

NEW OR USED: New

DEALER NAME: Bulger

ADDRESS: Wichita, ks

ENGINE SIZE: small

CYLINDERS: 4

FUEL INJECTION: No

TURBO: No

FUEL TYPE: Gas

ANTILOCK BRAKES: Yes

CRUISE CONTROL: Yes

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

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Brake light

PART NAME(S): Brake light

LOCATION:

NUMBER OF FAILURES: How many times can you  
see it in 5 years?

DATE(S) OF FAILURES: all between 1996 and 2001

MILEAGE AT FAILURE(S): all of them

SPEED AT FAILURE(S): all of them

MANUFATURER CONTACTED: No

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No

FIRE: No

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**  
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Problem started and was diagnosed by dealer as unreparable. I don't understand this as I work in precision tool repair and certification for the aircraft industry. What if I got a tool used in making a part for an airplane and told the customer I don't know what is wrong, you will just have to take it and use it and hope for the best? Would you want to fly on that company's plane? ?????

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**END OF FORM**  
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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 254**

Date Received

03-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

785709

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>(Locate at bottom of windshield and door frame)</small>                                                                                                                             |                                                                                           | Vehicle Make<br><b>EAGLE</b>                                                                                                                                                                                                                      | Vehicle Model<br><b>SUMMIT</b>                                                           | Vehicle Year<br><b>1991</b>                                                                                                                             | Current Odometer Reading                                                                                                                                                                                                                                                |
| Purchase Date<br><b>10-SEP-1993</b>                                                                                                                                                                                    | Dealer's Name _____                                                                       |                                                                                                                                                                                                                                                   | Engine Size<br>(CID/CC/L <b>4 CYL</b> )                                                  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes<br><input 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 checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input 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 type="checkbox"/> 2-Door<br><input checked="" 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>09006000</b> | Part Name(s)<br><b>LIGHTING:GENERAL OR UNKNOWN COMPONENT: BRAKE LIGHT:</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) _____<br>Mileage at Failure(s) _____                 | 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)**

**CONSUMER STATES THE BRAKE LIGHT IS INOPERATIVE, AND WAS INFORMED BY THE DEALER THAT PROBLEM IS UNREPAIRABLE.\*JB**

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.