

785998

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 5/18/02 7:15PM
Subject: Car Talk VOQ submission


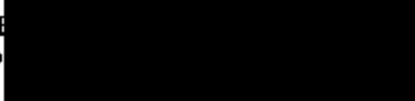
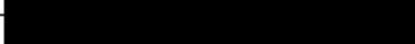
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, May 18th 2002 at 7:14:29 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

NAME: 
ADDRESS: 
TELEPHONE: 

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

VEHICLE INFORMATION

VIN:
MAKE: 87dodge
MODEL: shadow
YEAR: 87

ODOMETER: 123k
PURCHASE DATE: 3/15/02
NEW OR USED: Used

DEALER NAME: na
ADDRESS: na,

ENGINE SIZE: 2.2
CYLINDERS: 4

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

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

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: used this car to get parts for my van;4 miles. parked it in the front drive.. put the part on my van (fan relay).. an the shadow burst in to flames..(what is it with these cars/dodge 600/sundances.to day Ive seen 5 to day same thing....?mine was fully maitained.. 26m city

PART NAME(S): carb/ac/air filter/wireing belts

LOCATION: Front

NUMBER OF FAILURES: carb.../ edmicion

DATE(S) OF FAILURES: 5/12/02

MILEAGE AT FAILURE(S): 123k

SPEED AT FAILURE(S): na

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: Yes

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No

FIRE: Yes

NUMBER OF PERSONS INJURED: 0

NUMBER OF FATALITIES: 0

ESTIMATED PROPERTY DAMAGE: \$1500.00

DRIVER AIRBAG DEPLOYED: No

PASSENGER AIRBAG DEPLOYED: No

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOTna
TIRE MANUFACTURER: n/a
TIRE NAME: n/a
TIRE SIZE: 205/75/14

ADDITIONAL COMMENTS

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 254

Date Received

18-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785998

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) <small>(Locate at bottom of and/or on driver's side)</small>	Vehicle Make DODGE	Vehicle Model SHADOW	Vehicle Year 1987	Current Odometer Reading		
Purchase Date 15-MAR-2002	Dealer's Name _____		Engine Size (CID/CC/L 4 CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 12-MAY-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 123		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE CONSUMER STATES THAT THE VEHICLE CAUGHT ON FIRE WHILE PARKED.*YH

COPIED FROM NHTSA FORM 101

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.