



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 758

Date Received

12-DEC-2001

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

Reference No.

8000630

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)</small> |                                                                        | Vehicle Make                                                                                                                         | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                      |
| 2C3ED56F6RH153174                                                                                   |                                                                        | CHRYSLER                                                                                                                             | LHS                                                                    | 1994                                                                                                                                         |                                                                                                                                                                                               |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                      | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                      | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                               |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                     | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                      |
|                                                                                                     |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel                                                           |                                                                        | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                  | Body Style                                                                                                                                                                                    |
|                                                                                                     |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | <input 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>13620000 | Part Name(s)<br>STRUCTURE:TRUNK LID AND DOOR ASSEMBLY:HINGE AND ATT | 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         | Dates of Failure(s) 05-DEC-2001                                     | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                       | Mileage at Failure(s) 60000                                         |                                                                                                                                          |                                                                                             |
|                       | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE TAKEN AN ITEM OUT OF TRUNK LEFT KEEPER PIN OF LIFT SPRING SNAPPED OFF. MISSED CONSUMER'S FACE BY 5 INCHES, PIN WAS FOUND 100 FEET BEHIND VEHICLE.\*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.

| DOT Auto Safety Hotline                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | FOR AGENCY USE ONLY 758                                                                                                                                                                                     |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|  <b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Date Received<br>02 FEB 25 01:00 PM<br>1-DEC-2001<br>Oc_or _____<br>rt_dt _____<br>od_rt _____<br>up_tr _____<br>Reference No.<br>8000630                                                                   |                                                                                                                               |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 729899                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Work Number [Redacted]<br>Home Number [Redacted]                                                                                                                                                            |                                                                                                                               |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Date 01/05/02                                                                                                                        |                                                                                                                               |
| <b>Signature of Owner</b> [Redacted]                                                                                                                                                                                                                                                              |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>2C3ED56F6RH153174                                                                                                                                                                                                  |                                                                                                                     | Vehicle Make<br>CHRYSLER                                                                                                                                                                                                                                                                                           | Vehicle Model<br>LHS                                                                                                                                                                                        | Vehicle Year<br>1994                                                                                                          |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                            | Dealer's Name <u>Crown Jeep</u><br>City <u>Houston</u> State <u>TX</u> Zip Code _____                               |                                                                                                                                                                                                                                                                                                                    | Engine Size<br>CID/CC/L<br>No Cylinders <u>6</u><br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                               |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                             | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                           | Restraint System<br><input checked="" type="checkbox"/> 5-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag                                           | 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 checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                                                                                               |                                                                                                                     | Body Style<br><input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |                                                                                                                                                                                                             |                                                                                                                               |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |
| Component<br>13620000                                                                                                                                                                                                                                                                             | Part Name(s)<br>STRUCTURE: TRUNK LID AND DOOR ASSEMBLY: HINGE AND ATT                                               |                                                                                                                                                                                                                                                                                                                    | Location<br><input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear                                                   | Failed Part(s)<br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Replacement                        |
| No. of Failures<br>1                                                                                                                                                                                                                                                                              | Date(s) of Failure(s) <u>05-DEC-2001</u><br>Mileage at Failure(s) <u>60000</u><br>Vehicle Speed at Failure(s) _____ |                                                                                                                                                                                                                                                                                                                    | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No                                                                                                                                                                                                                      | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                         | Number of Persons Injured<br>0                                                                                                                                                                                                                                                                                     | Number of Fatalities<br>0                                                                                                                                                                                   | Estimated Property Damage<br>\$207. <sup>00</sup>                                                                             |
|                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                     |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |
| WHILE TAKING AN ITEM OUT OF TRUNK LEFT KEEPER PIN OF LIFT SPRING SNAPPED OFF. MISSED CONSUMER'S body BY INCHES, PIN WAS FOUND 100 FEET BEHIND VEHICLE.*AK<br>ZKT                                                                                                                                  |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |
| this is certainly a "SAFETY DESIGN ISSUE and CONCERN" 04/05/02<br>[Signature]                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                                               |

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

**(Page 1 through Page 3)**



