



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

14-JAN-2002

Od_or

rt_dt

od_rt

ip_lr

Reference No.

8002143

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 or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3EJ56H0YN224771	DODGE	STRATUS	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No
Drive Train	Vehicle Type	Body Style	
☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01120000	Part Name(s) STEERING COLUMN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 8	Dates of Failure(s) 01-FEB-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 45000		
	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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TURNING STEERING WHEEL THERE IS A CONSTANT CRACKING SOUND. VEHICLE TAKEN TO DEALER 8 TIMES, STEERING COLUMN WAS REPLACED, BUT DID NOT REMEDY THE PROBLEM.*AK

COPIES OF REPORTS - FREE -

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received

FEB 20 2002

14-JAN-2002

DEFECTS

Del. or

rt. dt

qd. rt

up. tr

Reference No.

8002143

OWNER INFORMATION (Type or Print)

733689

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a signature, the report will be sent to the vehicle manufacturer.
Signature of Owner

YES NO

to the vehicle manufacturer

Date 2/20/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Indicate all options on windshield on driver's side)

1B3EJ56H0YN224771

Vehicle Make

DODGE

Vehicle Model

STRATUS

Vehicle Year

2000

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☒ New ☐ Used

City State Zip Code

No. Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☐ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☐ Rear☐ 4-Wheel☐ Car☐ Van☐ Minivan☐ Other☐ Sport Util☐ Truck☐ Motorcycle☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up☐ Truck☒ Automatic☐ No☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag☐ No

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

01120000

Part Name(s)

STEERING COLUMN

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No. of Failures

8

Date(s) of Failure(s) 01-FEB-2001

Mileage at Failure(s) 45000

Vehicle Speed at Failure(s)

Failed Part(s)

☐ Yes☐ No

NHTSA Previously

☐ 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 Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No

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

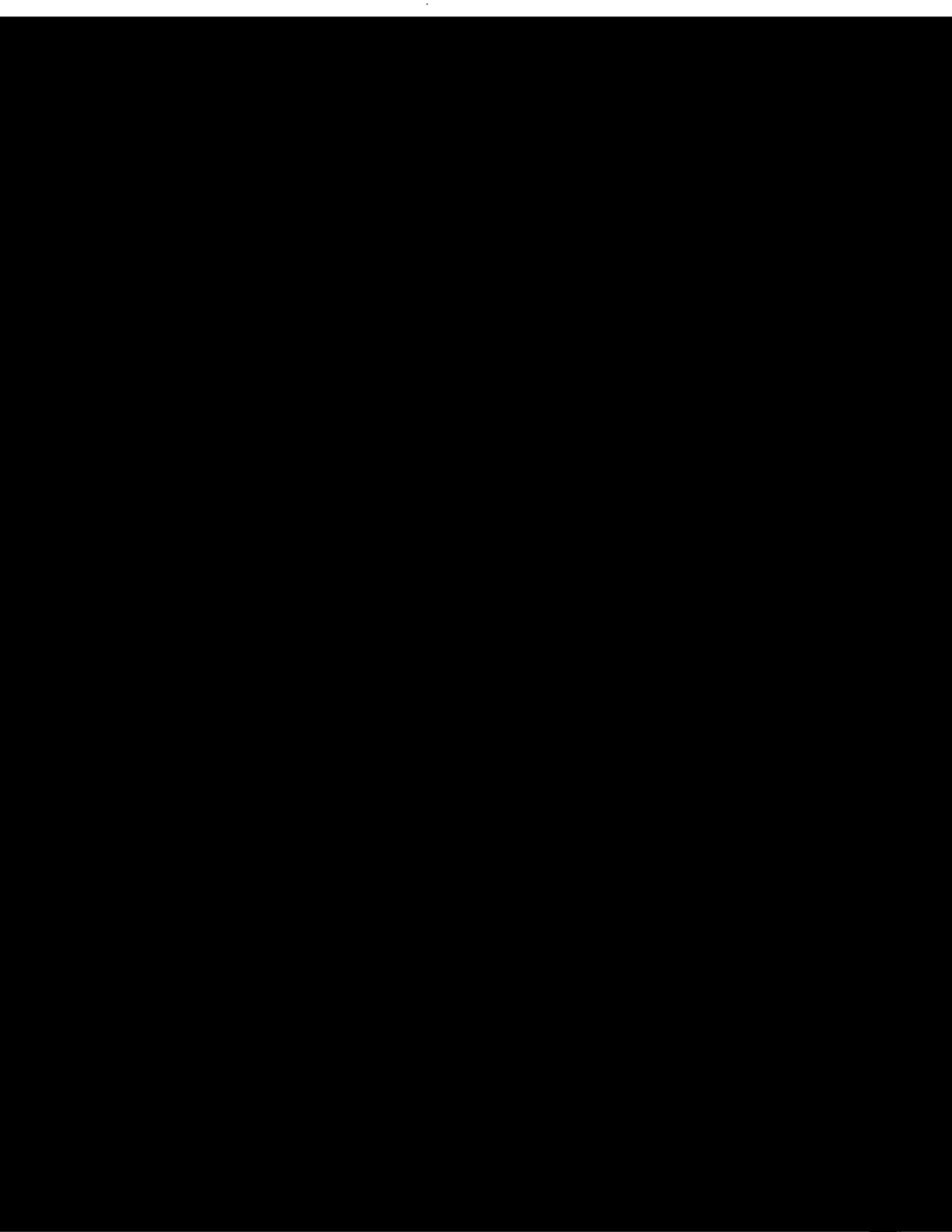
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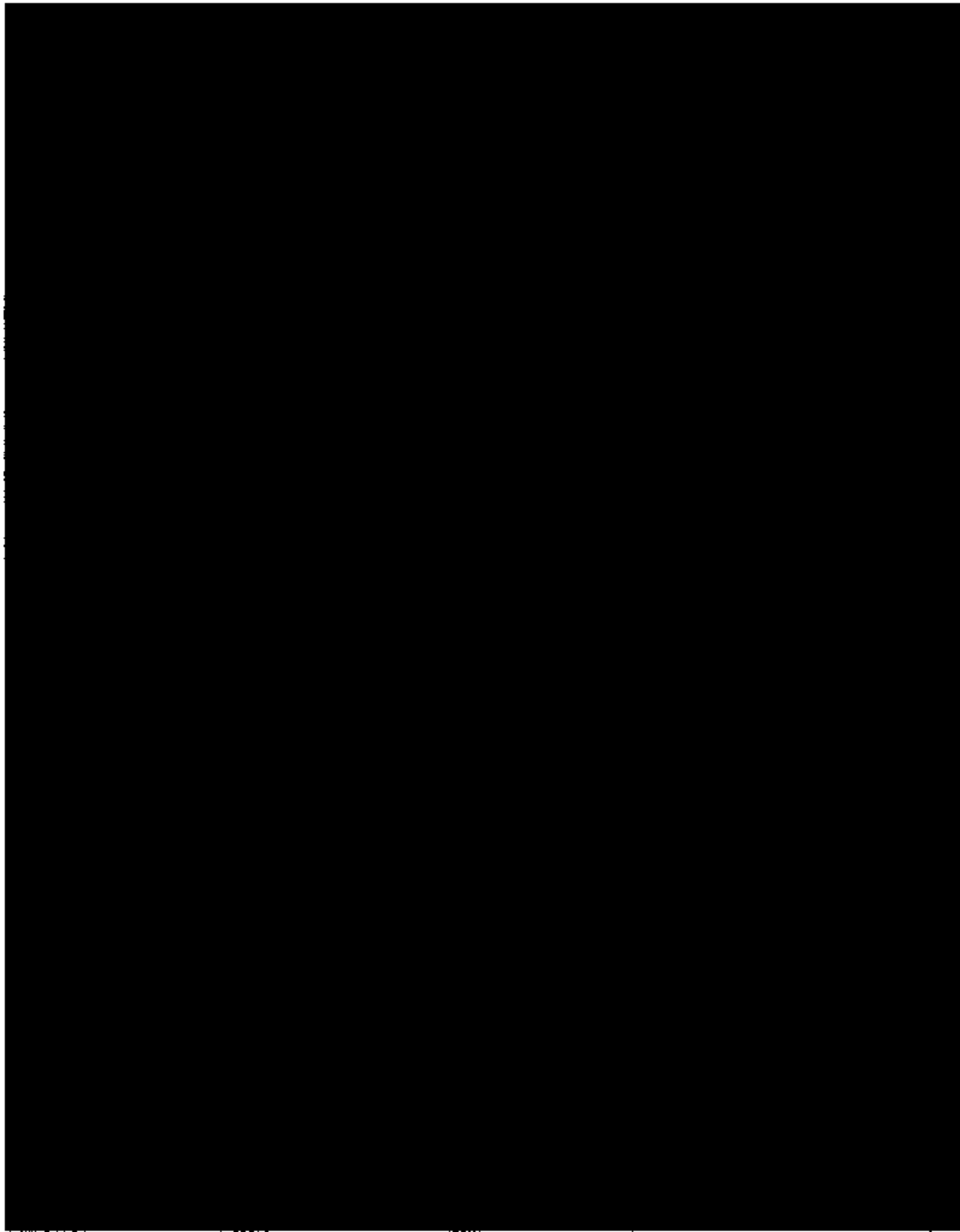
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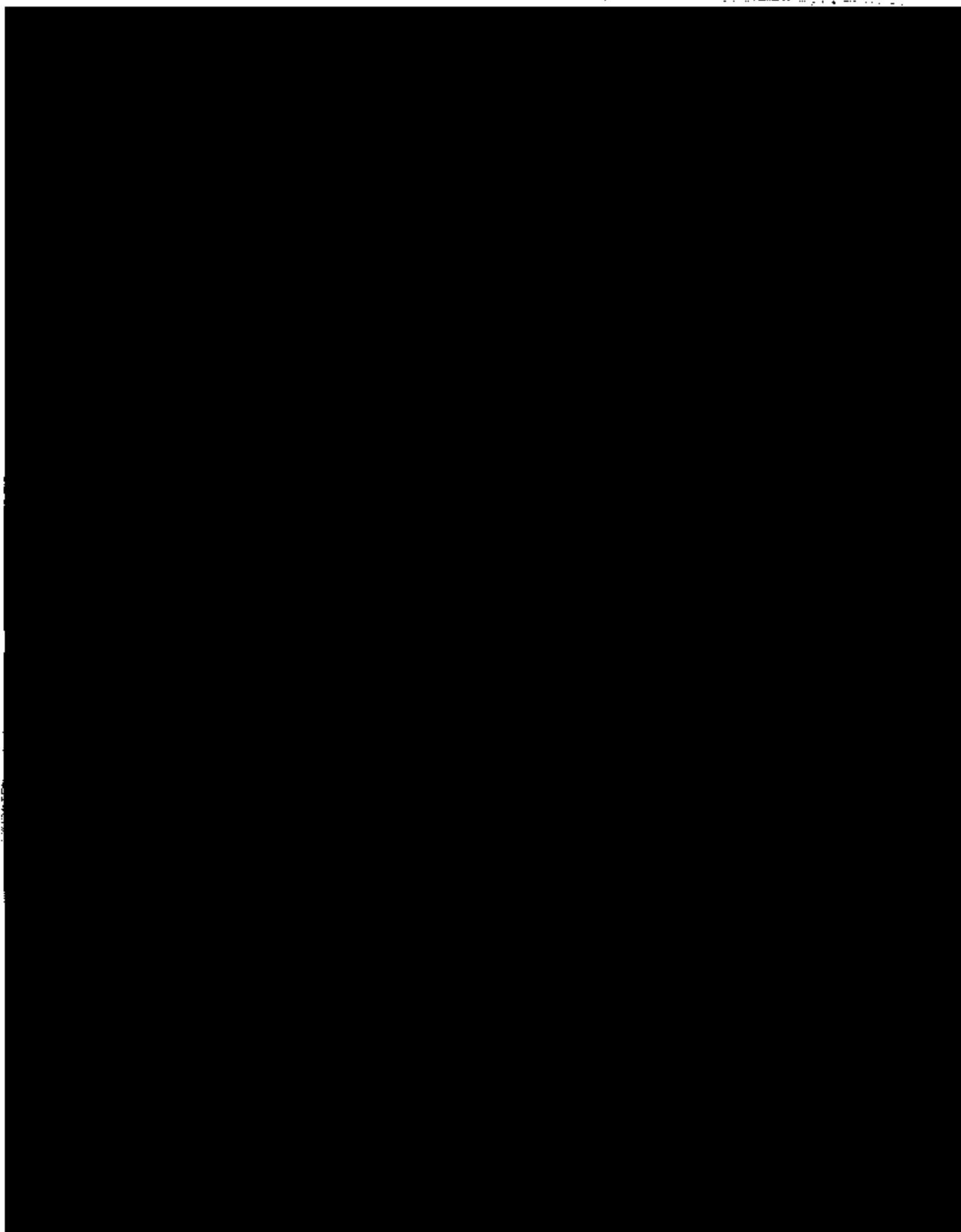
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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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