



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 252

Date Received

01-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003431

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 above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1P3XA46K3MF710718	PLYMOUTH	ACCLAIM	1991			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input 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 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 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	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	Dates of Failure(s) 29-SEP-2001 Mileage at Failure(s) 82287 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

COOLANT WAS LEAKING FROM UNDERNEATH OF VEHICLE. ALSO EXHAUST SYSTEM WAS BLOWING OUT BLUE SMOKE FROM PIPE AREA. DEALERSHIP WAS AWARE OF PROBLEM.*AK

COPIED FROM NHTSA FILE # 01-02-0002

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 252 Date Received _____ 1-FEB-2002 DEFECTS OFFICE INVESTIGATION
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OWNER INFORMATION (Type or Print) PATRICIA L BROWN	Reference No. 8003431
Work Number _____ Phone Number _____	

Do you authorize NHTSA to provide a copy of your responses to the manufacturer of the vehicle?
 In the absence of your signature, this information will be sent to the vehicle manufacturer.

Signature _____ YES NO
 Date: 02/19/02

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) Located at bottom of windshield on driver's side: 1F3XA46K3MF710718	Vehicle Make PLYMOUTH	Vehicle Model ACCLAIM	Vehicle Year 1991	Current Odometer Reading 82267	
Purchase Date 09-28-01 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Mann Motors L.L.C.</u> City <u>Adrian</u> State <u>MI</u> Zip Code <u>49221</u>		Engine Size CID/CC/L _____ No. Cylinders <u>4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05160021	Part Name(s) ENGINE:GAS INTAKE VALVE COVER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) <u>29-SEP-2001</u> Mileage at Failure(s) <u>82267</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

COOLANT WAS LEAKING FROM UNDERNEATH OF VEHICLE. ALSO EXHAUST SYSTEM WAS BLOWING OUT BLUE SMOKE FROM PIPE AREA. DEALERSHIP WAS AWARE OF PROBLEM. *AK

Also was sold to me with broken windshield & exhaust system underneath in front, missing spring for exhaust. This vehicle they said would be road ready & was to be inspected for "any" thing wrong & fixed "before" being sold to me & put on the road. They said it would be road safe!

(More on back)

CONTINUE ON BACK IF NEEDED

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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U.S. Department
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National Highway
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400 Seventh St., S.W.
Washington, D.C. 20590



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Series of horizontal lines for handwritten text.

Also I did have this car back to them after it was
purchased telling them something was wrong I just
got from them that it was my problem now there was
nothing they could do with it. It got me a couple
of months or so down the road, that was good.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.									
0	0	1							
MANUFACTURER/TIRE NAME									
SIZE									

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NEGATIVE DESCRIPTION (CONTINUED)