



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 §20

Date Received

05-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003545

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3EJ46C7SN625711		DODGE	STRATUS	1995	
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
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
				☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 01-JUN-2000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 74000		
	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OIL IS LEAKING FROM ENGINE HEAD GASKET. PROBLEM WAS DIAGNOSED BY AN INDEPENDENT MECHANIC. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK

COPIES OF THIS FORM ARE:

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 920

Date Received

05-FEB-2002

Od or

rt dt

od rt

up ltr

Reference No.

8003545

OWNER INFORMATION (Type or Print)

Work Number

Home

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence

Signature of Owner

☒ YES

☐ NO

Name and address to the vehicle manufacturer.

Date 2/28/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3EJ46C7SN625711		DODGE	STRATUS	1995	95000
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo	☐ Diesel
☐ New ☒ Used	City State Zip Code		No. Cylinders	☒ Gas	☒ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☒ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other
					Body Style
					☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021	Part Name(s) ENGINE GASKETS: VALVE COVER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) 74000 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OIL IS LEAKING FROM ENGINE HEAD GASKET. PROBLEM WAS DIAGNOSED BY AN INDEPENDENT MECHANIC. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK

oil leaking close to exhaust manifold. Could Cause fire.

CONTINUE ON BACK IF NEEDED

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