



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 936

Date Received

11-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_ltr _____

Reference No.

8005332

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2E3ED66S2PH546212	EAGLE	VISION	1993			
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 checked="" 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 06220000 06300000	Part Name(s) FUEL: CARBURETOR: SINGLE BARREL FUEL: FUEL INJECTION SYSTEM	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) _____ 01-JAN-2002 Mileage at Failure(s) _____ 48181 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)

DRIVER TOOK VEHICLE IN AFTER RECEIVING RECALL LETTER 98V130 CONCERNING FUEL INJECTION O-RINGS LEAK. DRIVER WAS SMELLING GAS INSIDE VEHICLE. UPON PICKING UP VEHICLE TWO DAYS LATER, VEHICLE STALLED, AND WAS HIT BY ANOTHER CAR. WHITE SMOKE AND GAS WERE POURING OUT OF EXHAUST. TOWED TO A MECHANIC. MECHANIC STATED THAT VEHICLE COULD HAVE CAUGHT ON FIRE. ALSO, DEALER MAY HAVE PINCHED A GAS LINE DURING THE RECALL, AND THAT CAUSED STALLING AND GAS SHOOTING OUT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

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.



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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT 462-6272
1-888-327-4236
www.nhtsa.dot.gov/hotline

DEFECT INVESTIGATION OFFICE
11-MAR-2002

Reference No. 8005332

742760

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of a signature, please provide your name and address to the vehicle manufacturer.
Date: 3/11/02

VEHICLE INFORMATION

Vehicle Identification Number (VIN): 2E3ED66S2PH546212
Vehicle Make: EAGLE
Vehicle Model: VISION
Vehicle Year: 1993
Current Odometer Reading: _____

Purchase Date: _____
Dealer's Name: *Mathigat Super*
City: *Concord* State: *NC* Zip Code: *45*
 New Used
Engine Size (CID/CC): *3.5*
No. Cylinders: _____
Turbo: Diesel: Gas: Fuel Injector:

Transmission Type: Automatic Manual
Antilock Brakes: Yes No
Rear 2-Point Belt: Motorbell 3-Point Belt
Cruise Control: No Yes
Drive Type: Front Rear 4-Wheel
Vehicle Type: Car Van Minivan Other
 Sport Ute Truck Motorcycle
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION
Component: 06220000
Part Name(s): FUEL:CARBURETOR;SINGLE;BARREL
Location: Left Right
Failed Part(s): Original Replacement
No. of Failures: _____
Date(s) of Failure(s): 01-JAN-2002
Mileage at Failure(s): 48161
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: _____
Number of Fatalities: _____
Estimated Property Damage: _____
Reported to Police: Yes No

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

DRIVER TOOK VEHICLE IN AFTER RECEIVING RECALL LETTER 98V130 CONCERNING FUEL INJECTION O-RINGS LEAK. DRIVER WAS SMELLING GAS INSIDE VEHICLE. UPON PICKING UP VEHICLE TWO DAYS LATER, VEHICLE STALLED, AND WAS HIT BY ANOTHER CAR. WHITE SMOKE AND GAS WERE POURING OUT OF EXHAUST. TOWED TO A MECHANIC. MECHANIC STATED THAT VEHICLE COULD HAVE CAUGHT ON FIRE. ALSO, DEALER MAY HAVE PINCHED A GAS LINE DURING THE RECALL, AND THAT CAUSED STALLING AND GAS SHOOTING OUT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

not a gas leak but best an o-ring or something

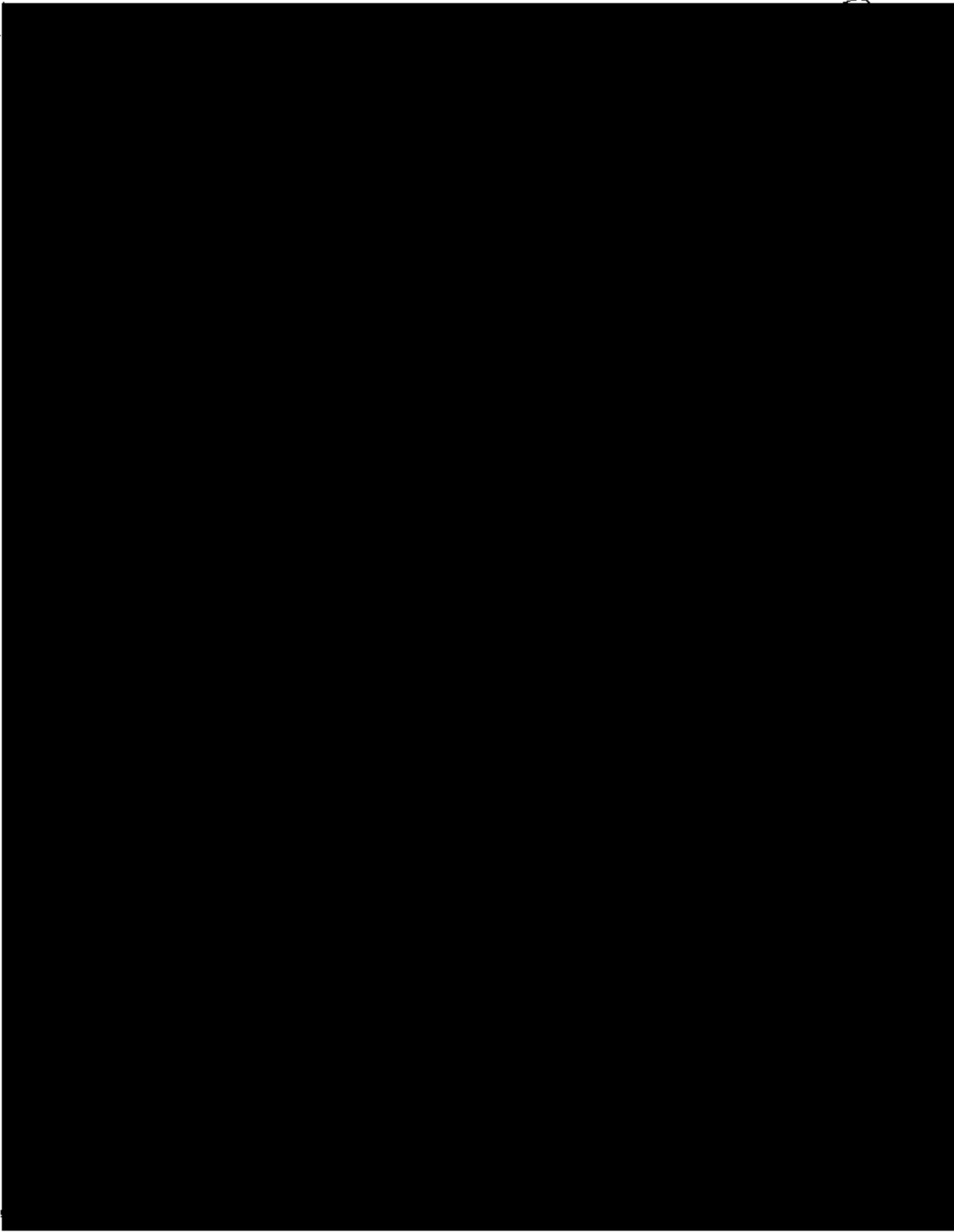
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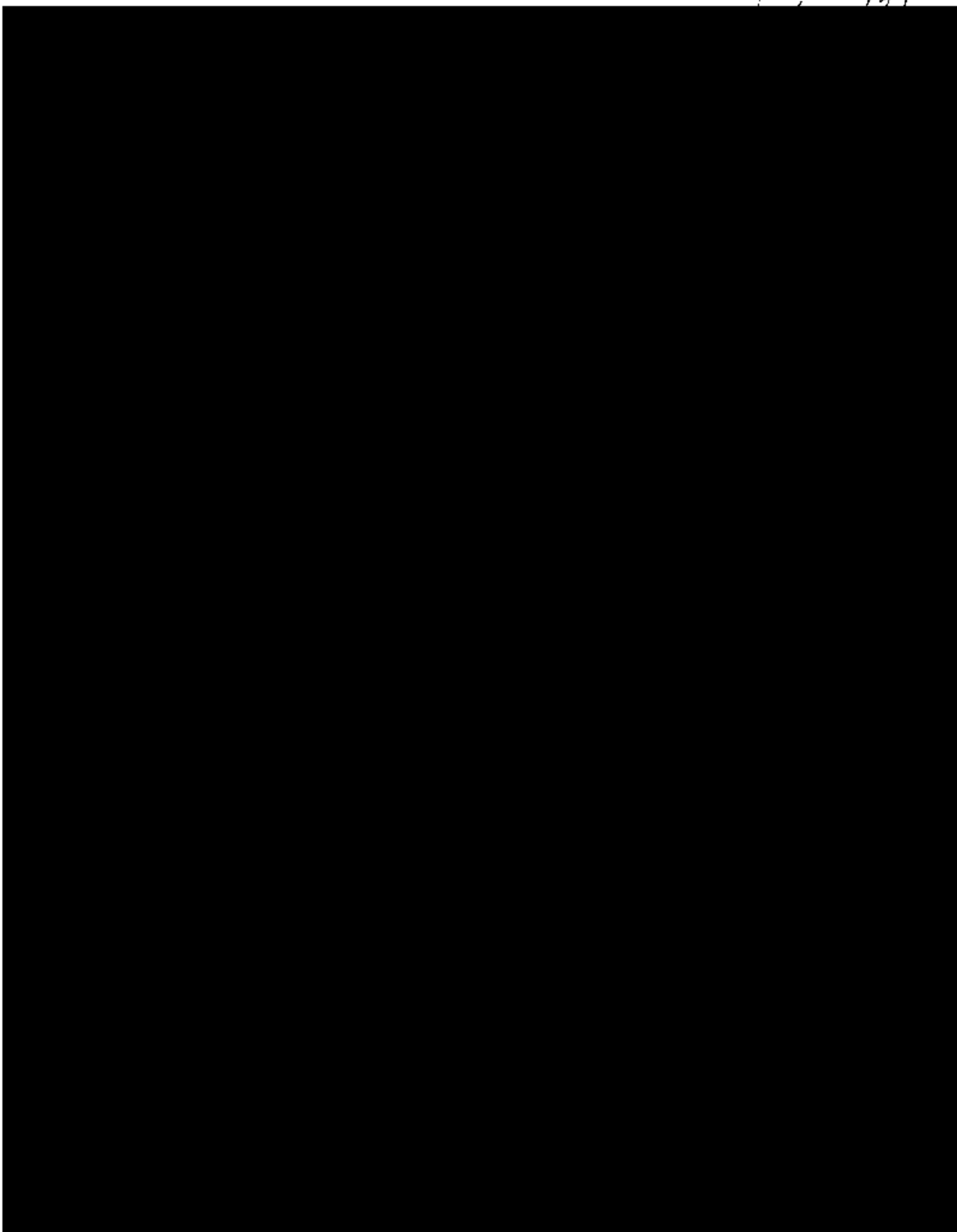
CONTINUE ON BACK, IF NEEDED

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PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page 1 through Page 6)





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