



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 1039

Date Received

12-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005472

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 | | |
| 1GBKT37NXR3305089 | DAMON | CHALLENGER | 1994 | | | |
| 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 12310000 13100000 | Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS STRUCTURE:FRAME:MEMBERS AND BODY | 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) _____ Mileage at Failure(s) _____ 40 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 |
|---|--|---------------------------|----------------------|--------------------------|--|

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

FRONT BODY OF VEHICLE CAME LOOSE, AND IS FALLING APART BEHIND DRIVER SEAT TO FRONT. METAL PIECE IS HANGING FROM BOTTOM NEXT TO TIRE. THE SUPPORT OF VEHICLE IS ROTTED OFF. CHANNEL THAT HOLDS THE DRIVER SEAT TO BODY IS GONE .SEAT IS HELD BY PLYWOOD BECAUSE METAL IS GONE. TOOK TO BODY SHOP AND MECHANIC INDICATED VEHICLE IS UNSAFE TO DRIVE AND NOT ROAD SAFE.*AK

COPIED FROM NHTSA FILE # 12310000

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

Vehicle Owner's Questionnaire (VOQ)

Department: Transportation
National Highway Traffic Safety Administration

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

FOR AGENCY USE ONLY

| | |
|---|--------------------------|
| Date Received <i>02 APR 15</i> | Odor _____ |
| 12-MAR-2002 OFFICE OF DEFECTS INVESTIGATION | Reference No. 8005472 |

OWNER INFORMATION (Type or Print)

Vehicle Identification Number: **743043**

First Name: **MIKOSH** State: **WI**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Presence of a defect? YES NO

Name of Owner: _____ Date: ____/____/____

VEHICLE INFORMATION

| | | | | |
|--|---|---|---|--|
| Ident. No. (VIN) (Located at bottom of windshield on driver's side) T37NXR3305089 | Vehicle Make DAMON | Vehicle Model CHALLENGER | Vehicle Year 1994 | Current Odometer Reading _____ |
| Date of Purchase _____ | Dealer's Name <i>Scenic Traveler Inc</i> | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection | |
| City <i>Superior</i> | State <i>Wis</i> | Zip Code <i>53086</i> | No Cylinders _____ | |
| Transmission Type Manual <input type="checkbox"/> Automatic <input type="checkbox"/> | 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 Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <i>Motor Home</i> | | Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-------------------------------|--|--|--|
| Component 310000 100000 | Part Name(s) INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS STRUCTURE: FRAME: MEMBERS AND BODY <i>following report</i> | 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 |
| Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) 40 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

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| | | | | | |
|---|--|------------------------------------|-------------------------------|------------------------------------|--|
| Crash <input type="checkbox"/> No <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)

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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 (FOIA), 5 U.S.C. 552(b)(6)**

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