

NVS 300

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 1398 Date Received _____ Od_or _____ r_dk _____ od_rk _____ up_tr _____ Reference No. _____ 2003 DEC 10 P 1509703	
U.S. Department of Transportation National Highway Traffic Safety Administration		OFFICE OF FIELD OPERATIONS EXECUTIVE SECRETARIAT 2003 DEC 10 P 1509703	
OWNER INFORMATION (Type or Print)			
SARALAND AL		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> NO In the absence of a signature, your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 11/29/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located in bottom of windshield on driver's side) 1C3XY56RXL0810778 PLEASE PROVIDE		Vehicle Mkt CHRYSLER	Vehicle Mode IMPERIAL
Vehicle Year 1990	Current Odometer Reading 129000		
Purchase Date _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CCL) 3.3 No Cylinders 6 <input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front Rear 4-Wheel <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03200000 03280000	Part Name(s) BRAKES:HYDRAULIC SYSTEM BRAKES:WARNING SYSTEM		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) 09-SEP-2002 Mileage at Failure(s) 129000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES THAT WHILE DRIVING VEHICLE THE ABS SYSTEM LIGHTS IS ON AND ALSO HAVING PROBLEMS WITH THE BRAKES. THERE IS ALREADY A RECALL FOR THIS REASON AND HIS VIN # IS NOT INCLUDED.DEALER WAS ALREADY CONTACTED. MR			
CONTINUE ON BACK IF NEEDED			
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 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.			