

U.S. Department
of TransportationNational 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 119

Date Received

31-JAN-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855770

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) (located at front of windshield on drivers side) 2C3ED56F1RH181822	Vehicle Make CHRYSLER	Vehicle Model LHS	Vehicle Year 1994	Current Odometer Reading
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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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAS NOTICED THE HEADLIGHT BULBS HAVE GONE BAD WHEN ATTEMPTING TO CHANGE THE BULBS. ALSO, ENTIRE SOCKET WOULD NEED REPLACING. CONSUMER HAS CONTACTED THE DEALER, PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (REVERSE)

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.

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 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855770

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) (located at front of windshield on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3ED56F1RH181822	CHRYSLER	LHS	1994	

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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAS NOTICED THE HEADLIGHT BULBS HAVE GONE BAD WHEN ATTEMPTING TO CHANGE THE BULBS. ALSO, ENTIRE SOCKET WOULD NEED REPLACING. CONSUMER HAS CONTACTED THE DEALER, PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (11/99)

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119

Date Received

00 FEB 28 AM
31 JAN 2000OFFICE
DEFECTS INVESTIGATION

Od or

rpt

od-r

up_itr

Reference No.

865770

OWNER INFORMATION (Type or Print)

586985

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of _____ and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 2/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3ED56F1RH181822	CHRYSLER	LHS	1994	49500

Purchase Date Jul 98	Dealer's Name PRIVATE SALE	Engine Size (CID/CC/L) 3.5	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
☒ New ☒ Used	City _____ State NY Zip Code _____	No Cylinders 6	

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Ut ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08202000	Part Name(s) LIGHTING: LAMP OR SOCKET: HEAD LIGHTS COMPOSITE HEAD LAMP	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 2	Date(s) of Failure(s) 15 JAN - 2000 Mileage at Failure(s) 48,000 Vehicle Speed at Failure(s) NA	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously Contacted? ☒ 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 NONE	Number of Fatalities NONE	Estimated Property Damage NONE	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAS NOTICED THE HEADLIGHT BULBS HAVE GONE BAD WHEN ATTEMPTING TO CHANGE THE BULBS. ALSO, ENTIRE SOCKET WOULD NEED REPLACING. CONSUMER HAS CONTACTED THE DEALER, PLEASE PROVIDE ANY FURTHER DETAILS. *AK

HEADLAMP BULBS ON RIGHT & LEFT CAN NOT BE REPLACED UNLESS 235 COMPOSITE FIXTURE IS DESTROYED TO GET BULB OUT; THEREFORE IT HAS TO BE A TOTAL REPLACEMENT OF HEADLIGHT COMPOSITE

CONTINUE ON BACK IF NEEDED

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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

D O

SIZE

NARRATIVE DESCRIPTION (CONTINUED)

THE COMPOSITE CANT BE REITOUED BECAUSE
ALL ^{HEADLAMP} ALL NUTS & BOLTS HARDWARE CANT
BE REITOUED BECAUSE OF INTERNAL CORROSION
IN HEADLAMP COMPOSITE, AND IT IS IMPOSSIBLE
TO GET AT THIS HARDWARE AS CONFIRMED BY
5 CHRYSLER DEALERS. THEY ALL SAY THE
*235 HEADLIGHT WOULD HAVE TO BE
DESTROYED AND REPLACED WITH A NEW
UNIT TO HAVE A WORKING HEADLIGHT

PM
15 FEB
2000

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

