

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of 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 27 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Date Received 02-FEB-2000 </td> <td style="width: 50%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Od_or _____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td>R_dt _____</td> <td>_____</td> </tr> <tr> <td>od_rt _____</td> <td>_____</td> </tr> <tr> <td>up_ltr _____</td> <td>_____</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Reference No. 856026 </td> </tr> </table>		Date Received 02-FEB-2000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Od_or _____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td>R_dt _____</td> <td>_____</td> </tr> <tr> <td>od_rt _____</td> <td>_____</td> </tr> <tr> <td>up_ltr _____</td> <td>_____</td> </tr> </table>	Od_or _____	_____	R_dt _____	_____	od_rt _____	_____	up_ltr _____	_____	Reference No. 856026	
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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 or driver's side) 1B3EJ46XTN237716	Vehicle Make CHRYSLER	Vehicle Model STRATUS	Vehicle Year 1996 Current Odometer Reading												
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection												
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 _____													
FAILED COMPONENT(S)/PART(S) INFORMATION															
Component 05150000	Part Name(s) ENGINE:OTHER PARTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement												
No of Failures	Date(s) of Failure(s) <u>25-JAN-2000</u> Mileage at Failure(s) <u>70000</u> 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													
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)															
NOTICED A POOL OF OIL IN THE DRIVEWAY. LEAKING 3 QUARTS OF OIL EVERY TWO DAYS COMING FROM THE BACK SIDE OF THE MOTOR. MECHANIC SAID IT WAS A FAULTY PLUG. *AK															
CONTINUED ON BACK (SEE)															
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.															