



U.S. Department of Transportation

National 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 241

Data Received
03-FEB-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
856205

Work Number _____
Home Number **906/647-7111**

OWNER INFORMATION (Type or Print)

DANIEL CARLSON 588406
P O BOX 150
BARVEAU MI 49710

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>(Listed at top of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|--------------|-----------------|--------------|--------------------------|
| 283ED46F2PH557500 | DODGE | INTREPID | 1993 | |

| | | | |
|---|---------------------------------------|------------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | <input type="checkbox"/> Diesel |
| | | | <input type="checkbox"/> Gas |
| | | | <input type="checkbox"/> Fuel Injection |

| | | | | | | |
|-------------------|-----------------|------------------|----------------|-------------|--------------|------------|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|-------------------|-----------------|------------------|----------------|-------------|--------------|------------|