

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 333

Date Received

04-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856257

 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) _____ (lasted attempt at windshield or drivers side)	Vehicle Make CHRYSLER	Vehicle Model FIFTH AVENUE	Vehicle Year 1990	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ 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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>28-JAN-2000</u> 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)

NOTICED PURCHASED MORE GAS THAN NORMAL. WHEN STARTED UP VEHICLE DRIVER SMELLED ALOT OF GASOLINE. DROVE VEHICLE TO LOCAL MECHANIC AND WAS TOLD THAT GAS DRIPPING ON A HOT MUFFLER COULD HAVE CAUSED A FIRE. HAD THE FUEL RAIL REPLACED. *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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00 MAR 27 AM 9:59

04-FEB-2000

OFFICE

DEFECTS INVESTIGATION

Od. or

rt. dt

od. r1

up. ltr

CN

Reference No.

856257

OWNER INFORMATION (Type or Print)

688541

Work Number

Home Num

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 3/18/20

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make CHRYSLER	Vehicle Model FIFTH AVENUE	Vehicle Year 1990	Current Odometer Reading 86,000
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Purchase Date 7/95	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City State Zip Code	No Cylinders 6	

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☒ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☒ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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