

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 252

Date Received

04-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856272

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) (Listed at front of windshield or driver's door) 43433AU52N5SE2419	Vehicle Make DODGE	Vehicle Model AVENGER	Vehicle Year 1995	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 02142000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 54000 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)

THE CONSUMER STATED THAT THE SUPENSION PROBLEM THE VEHICLE IS SWEAKING, NO LUBRICATION.

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received: <u>04-FEB-2000</u> RECEIVED 00 MAR 27 1999 04-FEB-2000 OFFICE DEFECTS INVESTIGATION Report No. <u>856272</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 588569			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an _____ name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>2/17/00</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>43433AU52N58E2419</u>		Vehicle Make <u>DODGE</u>	Vehicle Model <u>AVENGER</u>
		Vehicle Year <u>1995</u>	Current Odometer Reading _____
Purchase Date <u>7/11/98</u> ☐ New ☒ Used	Dealer's Name <u>NISSAN</u> City <u>DIVON</u> State <u>PA</u> Zip Code <u>19433</u>		Engine Size (CID/CC/L) <u>6</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection No Cylinders _____
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02132000</u>	Part Name(s) <u>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T BALL JOINTS, WIPED ROTORS</u>		Location ☒ Left ☐ Right ☒ Front ☐ Rear
No of Failures _____	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>54000</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)			
SUSPENSION PROBLEM; VEHICLE IS SQUEAKING. *AK since purchase of car 7/11/98			
CONTINUE ON BACK IF NEEDED			
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