

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 118

Date Received

17-FEB-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857103

 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 front of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2E3HD56F9SH619284  | EAGLE        | VISION        | 1994         |                          |

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

|   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   | Vehicle Type   | Body Style   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |   |  |   |
|-----------------------|---|--|---|
| Component<br>06300000 | Part Name(s)<br>FUEL:FUEL INJECTION SYSTEM  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) _____<br>Mileage at Failure(s) 85000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL # 98V184000 CHRYSLER/FUEL LEAKAGE: DEALERSHIP DOES NOT HAVE PARTS TO CORRECT RECALL. OWNER WAS TOLD THAT PARTS ARE ON NATIONAL BACK ORDER. OWNER RECEIVED RECALL LETTER ABOUT 3 WEEKS AGO.

CONTINUED ON BACK PLEASE

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.

|   |  |
|---|--|
| <p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 118</p> <p>Date Received: <u>17-FEB-2000</u></p> <p style="text-align: center;">OFFICE OF SAFETY INVESTIGATION</p> <p>Od or _____<br/>rt dt _____<br/>ed tr _____<br/>up tr _____</p> <p>Reference No.<br/><b>857103</b></p> <p>Work Number _____<br/>Home No. _____</p> |
| <b>OWNER INFORMATION (Type or Print)</b>  |  |
| [REDACTED]  | 591350   |

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: 4/7/00

| VEHICLE INFORMATION  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small><br><b>2E3HD56F9SH619284</b> | Vehicle Make<br><b>EAGLE</b>  | Vehicle Model<br><b>VISION</b>   | Vehicle Year<br><b>1994</b>  | Current Odometer Reading  |   |  |
| Purchase Date  | Dealer's Name <u>Blue Bonnet Motors</u>   |  | Engine Size (CID/CC/L)   | <input type="checkbox"/> Turbo  | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Gas   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | City <u>New Braunfels</u> State <u>TX</u> Zip Code _____                                  |  | No Cylinders _____   | <input type="checkbox"/> Fuel Injection   |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

| FAILED COMPONENT(S)/PART(S) INFORMATION |  |  |   |
|---|--|--|---|
| Component<br><b>06300000</b>            | Part Name(s)<br><b>FUEL:FUEL INJECTION SYSTEM</b>  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                          | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>95000</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |

| APPLICATION INCIDENT INFORMATION  |   |                           |                      |   |
|---|---|---------------------------|----------------------|---|
| <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small> |   |                           |                      |   |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage   |
|   |   |                           |                      | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**RECALL # 98V184000 CHRYSLER/FUEL LEAKAGE: DEALERSHIP DOES NOT HAVE PARTS TO CORRECT RECALL. OWNER WAS TOLD THAT PARTS ARE ON NATIONAL BACK ORDER. OWNER RECEIVED RECALL LETTER ABOUT 3 WEEKS AGO. \*AK**

CONTINUE ON BACK IF NEEDED

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