

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

23-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857412

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 drivers side)</small>	Vehicle Make EAGLE	Vehicle Model VISION	Vehicle Year 1993	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Par. Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>17-FEB-2000</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>7000</u>		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

OWNER COULD SMELL FUEL AND SEE FUEL LEAKING WHEN LOOKING UNDER THE HOOD. NOTICED THE FUEL RAIL LEAKING FROM THE LEFT SIDE. HOWEVER, ONLY THE RIGHT SIDE OF THE FUEL RAIL WAS INCLUDED IN MANUFACTURER'S RECALL # 790R, WHICH WAS REPLACED ABOUT 18 MONTHS AGO. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

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.



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Date Rec'd: 03 MAR 27 PM 1:06
Office: 23-FEB-2000
NHTSA INVESTIGATIVE REFERENCE NO. 857412

OWNER INFORMATION (Type or Print)

592185

Work Num
Home Num

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner: [Redacted] ALL NOT provide your name and address to the vehicle manufacturer.

Date: 03/27/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]

Vehicle Make: EAGLE

Vehicle Model: VISION

Vehicle Year: 1993

Current Odometer Reading: 78,50

Purchase Date: 03/26/94

Dealer's Name: [Redacted]

State: MD Zip Code: 21114

Engine Size (CID/CYL): 35
No Cylinders: 6
Fuel Injection: Turbo Diesel Gas

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt Motorized 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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 66304000

Part Name(s): FUEL-FUEL INJECTION SYSTEM

Location: Front Left Right Rear

Failed Part(s): Original Replacement

No of Failures: 1

Date(s) of Failure(s): 17-FEB-2000

Mileage at Failure(s): 78000

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)

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CONTINUE ON BACK IF NEEDED

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