

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 436

Date Received

24-FEB-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

857489

 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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C38C56F7VH749453	CHRYSLER	LHS	1997	

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 06300000 06610000	Part Name(s) FUEL:FUEL INJECTION SYSTEM EXHAUST SYSTEM:MANIFOLD:ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 22-FEB-2000 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)

CONSUMER TOOK VEHICLE INTO THE DEALER AND THEY DIDN'T FIX IT PROPERLY. RECALL 98V184 WAS FOR FUEL RAIL "O" RINGS, AND THEY FIXED THE INTAKE MANIFOLD. CONSUMER WILL QUESTION THE DEALER ON IT THE NEXT DAY. *AK

CONTINUED ON BACK

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		DEFECTS INVESTIGATION Date Received: 00 MAR 23 AM 7:57 Office: 24-FEB-2000 Reference No.: 857489		OWNER INFORMATION (Type or Print) Work Number: 592365 Home No.: [REDACTED]		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. Date: _____		Signature of Owner: _____	
VEHICLE INFORMATION													
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)		Vehicle Make		Vehicle Model		Vehicle Year		Current Odometer Reading					
2C3BC667VH749453		CHRYSLER		LHS		1997							
Purchase Date		Dealer's Name		City		State		Zip Code					
☐ New ☒ Used													
Transmission Type		Restraint System		Cruise Control		Drive Train		Vehicle Type		Body Style			
☐ Automatic ☐ Manual		☐ 3-Point Belt ☐ 2-Point Belt ☐ Motorized ☐ Passenger-side Airbag		☐ Yes ☒ No		☐ Front ☐ Rear ☐ 4-Wheel		☐ Car ☐ Van ☐ Minivan ☐ Other		☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ Other			
Antilock Brakes		Fuel Injection System		Location		Failed Part(s)		Replacement					
☐ Yes ☒ No		FUEL-FUEL INJECTION SYSTEM		Front ☐ Left ☐ Right ☐ Rear		Original ☐ Replacement ☐							
Component		Part Name(s)		Date(s) of Failure(s)		Message at Failure(s)		Vehicle Speed at Failure(s)					
06300000		FUEL INJECTION SYSTEM		22-FEB-2000									
APPLICATION INCIDENT INFORMATION													
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)													
Crash		Fire		Number of Persons Injured		Number of Fatalities		Estimated Property Damage		Reported to Police			
☐ Yes ☒ No		☐ Yes ☒ No								☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)													
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CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The Vehicle has been repaired
Thank you for your assistance
This is my second
notice to you

U.S. Government Printing Office: 1985-0-623-380

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

