

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

06-MAR-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858037

 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) _____ (located at front of windshield on driver's side)	Vehicle Make EAGLE	Vehicle Model VISION	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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>12-DEC-1999</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)

THE CONSUMER STATED THE GEAR DOESN'T ENGAGED INTERMITTENTLY AND THE SLIPPING

CONTINUED ON BACK (SEE)

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 Received

06 APR -3 PM 11:00
06-MAR-2000OFFICE
DEFECTS INVESTIGATION

Ord. or
rt. dt
ord. dt
up. dt

Vehicle No.

858037

OWNER INFORMATION (Type or Print)

594766

Work No.

Home No.

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 3/24/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2E3H056T35H512403
Vehicle Make EAGLE
Vehicle Model VISION
Vehicle Year 1995
Current Odometer Reading 65,500

Purchase Date 4/96
Dealer's Name FLEMINGTON CHRYSLER
City FLEMINGTON State NJ Zip Code
Engine Size (CID/CC/L) 3.3L
No Cylinders 6
☒ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000
Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC
Location ☐ Left ☐ Right
☐ Front ☐ Rear
Failed Part(s) ☒ Original
☐ Replacement
No. of Failures 1
Date(s) of Failure(s) 12-DEC-1999
Mileage at Failure(s) 60,000
Vehicle Speed at Failure(s) N/A
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)

TRANSMISSION GEAR DOESN'T ENGAGE INTERMITTENTLY AND TRANSMISSION SLIPS. *AK

CONTINUE ON BACK IF NEEDED

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