

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 335

Date Received

30-MAR-2000

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

Reference No.

859439

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
4E3CT64V9ME082784	EAGLE	TALON	1991	

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 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 <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> 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 _____

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

Component 07360000	Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 01-JAN-2000 Mileage at Failure(s) 69000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 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 0	Number of Fatalities 0	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)

DEALER REFFUSD TO FIX RECALL 98V069.002 CONCERNING TRANSFER CASE FAILURE. \*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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**Vehicle Owner's Questionnaire (VOQ)**

**OWNER INFORMATION (Type or Print)**  
 [Redacted Name]  
 [Redacted Address]  
 [Redacted City/State/Zip]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the [Redacted] state  
 Date: 12/21/2001

**VEHICLE INFORMATION**  
 Vehicle Identification No. (VIN): 4E3CT64V9ME082784  
 Vehicle Make: EAGLE  
 Vehicle Model: TALON  
 Vehicle Year: 1991  
 Current odometer Reading: 77,000

Purchase Date: [Redacted]  
 Dealer Name: [Redacted]  
 City: [Redacted] State: [Redacted] zip code: 8138  
 Engine Size (CID/CYL): 4  
 No Cylinders: 4  
 Turbo:  Diesel:  Gas:  Fuel Injection:

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Transmission Type:  Manual  Automatic  
 Artlock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  2-Point Belt  Driver Side Airbag  Passenger Side Airbag  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Sport Util  Truck  Motorcycle  Other  
 Body Style:  2-Door  4-Door  Station Wagon  Pick Up Truck  Other

**Component** 07360000  
**Part Name(s)** POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)  
**Location** Front  Left  Right  Rear   
**Failed Part(s)** Original  Replacement   
**No of Failures** 0  
**Date(s) of Failure(s)** 01-JAN-2000  
**Mileage at Failure(s)** 69000  
**Vehicle Speed at Failure(s)** 0  
**Failed Part(s) Available?**  Yes  No  
**NHTSA Previously Contacted?**  Yes  No

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crashes), and injury(ies) on the back of this form)  
**Crash**  Yes  No  
**Number of Persons Injured** 0  
**Number of Fatalities** 0  
**Estimate Property Damage** Reported to Police  Yes  No

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

DEALER REFUSED TO FIX RECALL 98V069.002 CONCERNING TRANSFER CASE FAILURE. \*AK

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