

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 130

Date Received

11-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865224

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C4GH54L3RX332012	CHRYSLER TRUC	TOWN AND COUNTRY	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10130000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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)

IN WARM WEATHER OF 90 DEGREES OR MORE REAR WINDOW WILL CLUTTER UP WITH TAR . REAR WINDOW SEAL'S TAR IS MELTING ALL AROUND THE WINDOW. DEALER ONLY SOLUTION IS TO KEEP CLEANING WINDOW. *AK

CONTINUE ON BACK IF NEEDED

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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OWNER INFORMATION (Type or Print)		619908		DEFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reference No. 865224	
Signature of Owner		Date 7/28/2000		Work Number	
				Home Number	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on drivers side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C4GH54L3HX332012		CHRYSLER TRUC	TOWN AND COU	1994	46,141
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	Turbo	Diesel
Oct 22, 94	Quinn Chrysler		3.8L	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code	No Cylinders	Gas <input checked="" type="checkbox"/> Fuel Injection
Tulsa	OK	74145	V6	<input type="checkbox"/>	<input type="checkbox"/>
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Body Style	Car	Sport Utl	2-Door	4-Door
<input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/> Stationwagon	<input type="checkbox"/> Pick Up Truck
				<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 3.0L Van
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
10130000	VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT		<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?	NHTSA Previously Contacted?	
Continuous	Every Summer		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mileage at Failure(s)	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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
IN WARM WEATHER OF 90 DEGREES OR MORE REAR WINDOW WILL CLUTTER UP WITH TAR . REAR WINDOW SEAL'S TAR IS MELTING ALL AROUND THE WINDOW. DEALER ONLY SOLUTION IS TO KEEP CLEANING WINDOW. *AK DEALER REFUSED TO REMOVE, CLEAN, RESEAL & REPLACE WINDOW WHILE AUTO WAS UNDER WARRANTY STATING THAT THIS WOULD STOP AFTER 1-2 CLEANINGS (ON ITS OWN) BUT THIS WAS NOT WHAT HAPPENED, THUS THE SEAL IS DAMAGED AND POTENTIALLY THE WINDOW MAY LEAK OR EVEN LOSE THE WINDOW IN A STORM OR VACUUM (PASSAD BY A 18 WHEELER). THE COMPANY (CHRYSLER) BACKS UP THE DEALER & REFUSES TO HELP.					
CONTINUE ON BACK IF NEEDED					
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