

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 231

Date Received

17-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865485

 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
	DODGE	MONACO	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Inlute/belt <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10110000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDSHIELD	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

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	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)

WHILE TRAVELING WINDSHIELD WOULD FOG UP, CAUSING POOR VISIBILITY. PLEASE PROVIDE FURTHER INFORMATION.*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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT 17-JUL-2000 OFFICE OF SAFETY INVESTIGATION Reference No. 886485		FOR AGENCY USE ONLY 231	
Vehicle Owner's Questionnaire (VOQ) Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Signature of Owner Date 8/29/00	
Vehicle Information Vehicle Ident. No. (VIN) 2B3CB5244LH710938 Vehicle Make DODGE Vehicle Model MONACO Vehicle Year 1990 Current Odometer Reading 61,967		Purchase Date Dealer's Name City State Zip Code Engine Size 3.0 CID/CYL 6 Fuel Injection Turbo Diesel Gas	
Transmission Type Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Restraint System 3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> Airlock Brakes <input type="checkbox"/>		Failed Component(s) Information Component 10110000 Part Name(s) Location Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Failed Part(s) Original <input type="checkbox"/> Replacement <input type="checkbox"/>	
Application Incident Information (Please describe in detail the incident(s), Failure(s), Cracks(s), and Injury(ies) on the back of this form) No of Failures Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) Failed Part(s) Available? Yes <input type="checkbox"/> No <input type="checkbox"/> NHTSA Previously Contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>		Failed Component(s)/Part(s) Information Body Style 4-Door Vehicle Type Car Drive Train Front Cruise Control Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Restraint System 3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> Airlock Brakes <input type="checkbox"/>	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE TRAVELING WINDSHIELD WOULD FOG UP, CAUSING POOR VISIBILITY. PLEASE PROVIDE FURTHER INFORMATION. AK This is due to a leaking heater core. There is a recall on this but I was told my VIN wasn't part of the recall. If I have the problem, why is it not part of the recall?		NHTSA to provide a copy of report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
NHTSA to provide a copy of report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Home Number Work Number Reference No. 886485	

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