

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 241

Date Received

29-AUG-2000

| | |
|--------|-------|
| Od_or | _____ |
| rt_dt | _____ |
| od_rt | _____ |
| up_ltr | _____ |

Reference No.

869077

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 |
| 1C4GH54R8PX603695 | CHRYSLER TRUC | TOWN AND COUN | 1993 | |

| | | | |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo |
| <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside 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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle |
| | | <input type="checkbox"/> Introlubell <input type="checkbox"/> 2-Point Belt | | | | <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 07460000 | Part Name(s) POWER TRAIN:AXLE ASSEMBLY | 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) 02-AUG-2000 | Failed Part(s) Available? | NHTSA Previously Contacted? |
| | Mileage at Failure(s) 186000 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 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)

REOCCURRING PROBLEM WITH LEFT FRONT AXLE NEEDS REPLACEMENT; REPLACE THREE - FOUR AXLE DUE TO DEFECT IN CV JOINT; AXLE KEEP COMING OUT OR DISCONNECT FROM THE JOINT OF THE CV BOOTH. DEALER NOTIFIED/ INDEPENDENCE MAKING THE REPAIRS. PLEASE PROVIDE FURTHER DETAILS.

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.