

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

125

Date Received

30-AUG-2000

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

Reference No.

869129

 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 front of vehicle or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1B3AP24D4RN161476                                                                      | DODGE        | SHADOW        | 1994         |                          |

|                                                                       |                                       |                             |                                         |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------------------------------------|
| 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<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

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

|                       |                                                                                               |                                                                                                                                                |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12310000 | Part Name(s)<br>INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS                                      | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

THE LOWER SEAT BACK ATTACHING BOLTS BROKE ON THE PASSENGER SEAT WHICH COULD CAUSE THE SEAT TO RELEASE FROM THE UPRIGHT POSITION. CONSUMER STATES THAT THE VEHICLE WAS RECALLED FOR THE SAME PROBLEM WITH THE DRIVER SEAT. RECALL NUMBER 99V212000. PLEASE GIVE ANY 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.



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OFFICE  
DEFECTS INVESTIGATION

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

Reference No.

869129

## OWNER INFORMATION (Type or Print)

632274

Work Number

Home Number

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.

☒ YES ☐ NO

Signature of Owner

Date 9/19/00

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B3AP24D4RN161478  
Vehicle Make DODGE  
Vehicle Model SHADOW  
Vehicle Year 1994  
Current Odometer Reading 114,596

Purchase Date

1995

Dealer's Name Capital Chrysler-Plymouth, Inc.

Engine Size  
(CID/CCIL)

2.2

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injection☐ New ☒ Used

City South Charleston State WV Zip Code 25303

No Cylinders

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

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

Component 12310000 Part Name(s) INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS Location (Passenger) ☐ Left ☒ Right  
☒ Front ☐ Rear Failed Part(s) ☒ Original  
☐ Replacement  
No of Failures 1 Date(s) of Failure(s) 8-27-00  
Mileage at Failure(s) 113,923  
Vehicle Speed at Failure(s) not moving  
Failed Part(s) ☐ Yes ☐ No NHTSA Previously ☐ Yes ☐ No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(ies), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No  
Number of Persons Injured 0 Number of Fatalities 0  
Estimated Property Damage 0 Reported to Police ☐ Yes ☒ No

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

LOWER SEAT BACK ATTACHING BOLTS BROKE ON THE PASSENGER SEAT WHICH COULD CAUSE SEAT TO RELEASE FROM THE UPRIGHT POSITION. VEHICLE WAS RECALLED FOR THE SAME PROBLEM WITH THE DRIVER SEAT. RECALL NUMBER 99V212000. PLEASE GIVE ANY FURTHER DETAILS.\*ak

What the recall notice stated may happen to the drivers side seat actually happened to the passenger side seat. Chrysler refused to take responsibility for this. I have enclosed a copy of the recall notice.

CONTINUE ON BACK IF NEEDED

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## DAIMLERCHRYSLER

### **SAFETY RECALL TO REPLACE A BOLT IN YOUR VEHICLE'S DRIVER SEAT BACK**

Dear Shadow or Sundance Owner:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

DaimlerChrysler Corporation has determined that a defect, which relates to motor vehicle safety, exists in some 1991 through 1994 model year Dodge Shadow and Plymouth Sundance 2-door vehicles.

***The problem is...***

**One of the bolts that attaches the recliner mechanism to the driver's seat back on your Shadow or Sundance (identified on the enclosed form) may break. This could result in the seat back suddenly reclining and cause an accident without prior warning.**

***What DaimlerChrysler  
and your dealer will  
do...***

**DaimlerChrysler will repair your Shadow or Sundance free of charge (parts and labor). To do this, your dealer will replace the driver seat lower seat back recliner mechanism attaching bolt. The work will take about ½ hour to complete. However, additional time may be necessary depending on how dealer appointments are scheduled and processed.**

***What you must do to  
ensure your safety...***

- **Simply contact your dealer right away to schedule a service appointment. Ask the dealer to hold the parts for your vehicle or to order them before your appointment.**
- **Bring the enclosed Owner Notification Form with you to your dealer. It identifies the required service to the dealer.**

***If you need help...***

**If you have trouble getting your vehicle repaired, please call the DaimlerChrysler Customer Assistance Center, toll free, at 1-800-992-1997. A representative will assist you in getting your vehicle repaired. If your dealer fails or is unable to remedy this defect without charge and within a reasonable time, you may submit a written complaint to the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, S.W., Washington, DC 20590, or call the Toll Free Auto Safety Hotline at 1-800-424-9393. Washington, DC area residents may call 1-202-366-0123.**

We're sorry for any inconvenience, but we are sincerely concerned about your safety. Thank you for your attention to this important matter.

***Buckle up  
for Safety***

Customer Services Field Operations  
DaimlerChrysler Corporation  
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