



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 117

Date Received

13-DEC-2000

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

Reference No.

876479

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C4GH14R8TX66716	CHRYSLER TRUC	TOWN AND COUN	1993	

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 type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <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 checked="" 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	Part Name(s)	Location	Failed Part(s)
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	<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?	NHTSA Previously Contacted?
		93		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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)

WAS DRIVING WHEN ABS LIGHT CAME ON. HAD APPLIED BRAKES TO SLOW DOWN & BRAKES FAILED TO STOP VEHICLE. PROBLEM HAS BEEN INTERMITTENT. HAD TAKEN VEHICLE TO DEALERSHIP & MECHANIC TRIED TO REPAIR PROBLEM OF THE ABS BRAKE LIGHT, BUT IT WAS NOT RESOLVED. \*AK

CONTINUED ON BACK (REVERSE)

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.



U.S. Department of Transportation  
National 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 117

Date Received

13-DEC-2000

OFFICE OF SAFETY INVESTIGATION

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

Reference No.

876479

OWNER INFORMATION (Type or Print)

660996

Work Number

Home Number

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 12/28/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1C4GH14R8TX66715</b>	Vehicle Make <b>CHRYSLER TRUC</b>	Vehicle Model <b>TOWN AND COU</b>	Vehicle Year <b>1993</b>	Current Odometer Reading
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Purchase Date	Dealer's Name <i>Westcoast Chrysler</i>	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 <i>Thousand Oaks</i> State <i>Ca</i> 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 checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Jit <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>03260990</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	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) <b>93</b>	Vehicle Speed at Failure(s)	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)

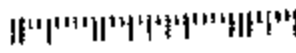
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

✓ WAS DRIVING WHEN ABS LIGHT CAME ON. HAD APPLIED BRAKES TO SLOW DOWN & BRAKES FAILED TO STOP VEHICLE. PROBLEM HAS BEEN INTERMITTENT. HAD TAKEN VEHICLE TO DEALERSHIP & MECHANIC TRIED TO REPAIR PROBLEM OF THE ABS BRAKE LIGHT, BUT IT WAS NOT RESOLVED. \*AK... SEE BACK  
*we purchased car from the assist. mgr. who drove it for approx 5,000 miles, like a courtesy car*

CONTINUE ON BACK IF NEEDED

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U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 400 Seventh St., S.W.  
 Washington, D.C. 20590  
 Official Business  
 Penalty for Private Use \$300



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



THE 1st time our ABS came on while driving the vehicle was  
 appeared to me after purchase. Took back to dealer who  
 couldn't find anything wrong. One of the reasons being it  
 was intermittent not always coming on. It was very dangerous  
 as when it came on, the brake wouldn't hold immediately.  
 Finally, after many trips to roadside diagnosis, I got on a bench,  
 saw the owner of the dealership and take him & was going to  
 stay there until resolved. It wasn't safe to drive the car. Finally  
 they replaced it and it worked fine until the yr 2000, it  
 happened all over again. Got back to them and wanted them  
 about the brake problem, they fixed it and of course no charge,  
 as stated then given, we wouldn't pay anything as that is a  
 defective part. He gave me 97,000 miles on the car as of 12/28/00  
 like believe they didn't believe me the 1st time, the guy told me I  
 probably didn't know how to drive, ya, after driving 50 yls with no  
 major accidents. Then he found that the part was defective, telling my  
 insurance he was sorry he didn't believe me as a new buyer.

U.S. G.P.O. 752-821/8208

THE IDENTIFICATION NO. \_\_\_\_\_

MANUFACTURER/TIRE NAME \_\_\_\_\_

SIZE \_\_\_\_\_

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the sidewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)