

 <p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p><b>National Highway Traffic Safety Administration</b></p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY 252</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received <b>26-DEC-2000</b></td> <td style="width:50%;">                 Od_or _____                  r_dt _____                  od_rt _____                  up_itr _____             </td> </tr> <tr> <td colspan="2">Reference No. <b>B76985</b></td> </tr> <tr> <td colspan="2">Work Number _____</td> </tr> <tr> <td colspan="2">Home Number _____</td> </tr> </table>	Date Received <b>26-DEC-2000</b>	Od_or _____ r_dt _____ od_rt _____ up_itr _____	Reference No. <b>B76985</b>		Work Number _____		Home Number _____	
Date Received <b>26-DEC-2000</b>	Od_or _____ r_dt _____ od_rt _____ up_itr _____								
Reference No. <b>B76985</b>									
Work Number _____									
Home Number _____									
<b>OWNER INFORMATION (Type or Print)</b>									
	<b>662978</b>								

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.) (Located at bottom of windshield on driver's side) <b>1C4GE64L3YB662995</b>	Vehicle Make <b>CHRYSLER TRUC</b>	Vehicle Model <b>TOWN AND COUN</b>	Vehicle Year <b>2000</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restrain. System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <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 <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>02000000</b>	Part Name(s) <b>SUSPENSION</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
No of Failures <b>0</b>	Date(s) of Failure(s) <b>01-AUG-2000</b> Mileage at Failure(s) <b>11900</b> Vehicle Speed at Failure(s) <b>0</b>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalitie <b>0</b>	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHEN DRIVING FRONT OF VEHICLE PULLED TO THE RIGHT, AND THERE WAS ACCESS WIND INSIDE OF VEHICLE. \*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.