



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

758

Date Received

21-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

880931

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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
J3JE3CB50G3PZ0003	EAGLE	SUMMIT	1993	

Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/CCL) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Util ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ 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

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 97V073002 REPAIRS PERFORMED IN JUNE 1999. DEALER CLAIMED REPAIRS DONE, BUT SEATBELTS HAS NOT BEEN FUNCTIONAL SINCE. CONSUMER HAS BEEN TRYING TO GET DEALER TO REPAIR IT AGAIN, BUT TO NO AVAIL. *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.

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CONTINUE ON BACK IF NEEDED

RECALL 97VD73002 REPAIRS PERFORMED IN JUNE 1999. DEALER CLAIMED REPAIRS DONE BUT SEATBELTS HAS NOT BEEN FUNCTIONAL SINCE. CONSUMER HAS BEEN TRYING TO GET DEALER TO REPAIR IT AGAIN, BUT TO NO AVAIL. *AK

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

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

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

APPLICATION INCIDENT INFORMATION

No. of Failures All 7th Time
Date(s) of Failure(s) 28 JUN-1999
Mileage at Failure(s) 135000
Vehicle Speed at Failure(s)
Failed Part(s) Available? ☒ Yes ☐ No
NHTSA Previously Contacted? ☒ Yes ☐ No

Component 12250000
Part Name(s)
Interior Systems: Active Restraints: Belt Buckles
Location Front ☒ Left ☒ Right ☒
Failed Part(s) Original ☒ Replacement ☐

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type Automatic ☒ Manual ☐
Antilock Brakes Yes ☐ No ☒
Restraint System 3-Point Belt ☐ 2-Point Belt ☒ Motorized ☒
Cruise Control Yes ☒ No ☐
Drive Train Front ☒ Rear ☐ 4-Wheel ☐
Vehicle Type Car ☐ Van ☐ Minivan ☒ Other ☐
Body Style 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other ☐

Purchase Date
Dealer's Name
City
State
Zip Code
Engine Size (CID/CC/L)
No Cylinders 4
Fuel Injection Turbo ☐ Diesel ☐ Gas ☐

Vehicle Identification No. (VIN) J3JEC3B50G3PZ0003
Vehicle Make EAGLE
Vehicle Model SUMMIT
Vehicle Year 1993
Current Odometer Reading

VEHICLE INFORMATION

Signature of Owner
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a signature, NHTSA will not send a copy of this report to the vehicle manufacturer.

Work Number
Home Number

OWNER INFORMATION (Type or Print)
75606
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
Vehicle Owner's Questionnaire (VOQ)
DOT Auto Safety Hotline
Date Received
FOR AGENCY USE ONLY 756