



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

23-FEB-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

881283

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3ED56F7RH112603	CHRYSLER	CHRYSLER	1994			
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	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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 type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01300000	Part Name(s) STEERING POWER ASSIST	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER WEATHER IS COLD AND TURNING STEERING WHEEL, RUBBER BUSHING ON POWER STEERING WOULD MAKE A LOT OF NOISE. IT ALSO MAKES IT HARD TO TURN. *AK

CONFIDENTIAL - NHTSA

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 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 117

Date Received

23-FEB-2001

Od or
rt_dt
od_r
up_ltr

Reference No.

881283

OWNER INFORMATION (Type or Print)

676251

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of a signature and address to the vehicle manufacturer. YES NO

Signature of Owner

Date 01/05/01

VEHICLE INFORMATION

Vehicle Make

CHRYSLER

Vehicle Model

CHRYSLER

Vehicle Year

1994

Current Odometer Reading

57,000

Purchase Date

Dealer's Name

Engine Size
(CID/CC/L)

No Cylinders 6

 Turbo
 Diesel
 Gas
 Fuel Injection New Used

City _____ State _____ Zip Code _____

Transmission Type

 Manual
 Automatic

Anti-lock Brakes

 Yes
 No

Restraint System

 3-Point Belt Motorbell
 Driverside Airbag 2-Point Belt
 Passengerside Airbag

Cruise Control

 Yes
 No

Drive Train

 Front
 Rear
 4-Wheel

Vehicle Type

 Car Sport Ult
 Van Truck
 Minivan Motorcycle
 Other

Body Style

 2-Door
 4-Door
 Stationwagon
 Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
01300000Part Name(s)
STEERING:POWER ASSIST

Location

 Left Right
 Front Rear

Failed Part(s)

 Original
 Replacement

No of Failures

Date(s) of Failure(s) _____
Mileage at Failure(s) 55
Vehicle Speed at Failure(s) _____Failed Part(s)
Available? Yes NoNHTSA 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

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

WHENEVER WEATHER IS COLD AND TURNING STEERING WHEEL, RUBBER BUSHING ON
POWER STEERING WOULD MAKE A LOT OF NOISE. IT ALSO MAKES IT HARD TO TURN. *AK

CONTINUE ON BACK IF NEEDED

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