



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

29-MAR-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

884584

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3EJ56H6TN147994		DODGE	STRATUS	1996	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 24-MAR-2001 55000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HEARD NOISE FROM FRONT OF VEHICLE WHEN SLOWING DOWN. MECHANIC FOUND TRANSMISSION NEEDED TO BE REPLACED. *AK

CONTINUE ON 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

1-888-327-4238

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received

29-MAR-2001

Od. or
rt. dt
od. rt
up. tr

Reference No.

884584

OWNER INFORMATION (Type or Print)

883559

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, the manufacturer's name and address to the vehicle manufacturer.

☐ YES☒ NO

Signature of Owner

Date 04/06/01

send report
w/ vehicle
name

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of
on driver's side)

Vehicle Make

DODGE

Vehicle Model

STRATUS

Vehicle Year

1996

Current Odometer Reading

56983

Purchase Date

Aug '96

Dealer's Name V & H

Engine Size
(CID/GCC/L)

2.5

No. Cylinders

6

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☒ New ☐ Used

City Marshfield State VT

Zip Code 54449

Transmission Type

☐ Manual☒ Automatic

AntiLock Brakes

☒ Yes☐ No

Restraint System

☐ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Sport Utl☐ Van☐ Truck☐ Minivan☐ Motorcycle☐ Other

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
67300000Part Name(s)
POWER TRAIN:TRANSMISSION-AUTOMATIC

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 24-MAR-2001

Mileage at Failure(s) 55000

Vehicle Speed at Failure(s) 50 mph

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)

CONSUMER HEARD NOISE FROM FRONT OF VEHICLE WHEN SLOWING DOWN. MECHANIC
FOUND TRANSMISSION NEEDED TO BE REPLACED. *AK

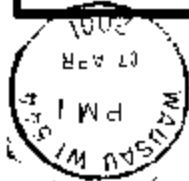
Ox - Differential pin broke. Vehicle had been well-maintained,
had never been stuck in snow/mud, had never been towed,
had never been in an accident, had never pulled trailer.

CONTINUE ON BACK, IF NEEDED

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

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

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

U.S. G.P.O. 1992-635-887/00000

After negotiating with customer assistance at Chrysler Corp for over 2 week, Chrysler agreed to pay 3/4 of the \$3000 repair bill at a dealer in Waypaal, WI.

If there is ever a general recall of the ~~Chrysler~~ car, I believe Chrysler should reimburse me for my cost of this repair: \$500 + tax.

Fold to show Return Address (if being mailed return with tags or state and mail)									
INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
THE IDENTIFICATION NO.									
MANUFACTURER/TIME NAME									
SIZE									
* 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 whitewall or on either side of a blackwall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									