



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 936**

Date Received

24-APR-2001

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

Reference No.

886605

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1C4GP44G3YB561723	CHRYSLER TRUC	TOWN AND COUN	2000			
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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 checked="" 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 02170000	Part Name(s) SUSPENSION:INDEPENDENT FRONT:BEARING WHEEL	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 0	Date(s) of Failure(s) 12-NOV-1999 2000 Mileage at Failure(s) _____ 0	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 0	Number of Fatalities 0	Estimated Property Damag	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)

GREASE IS ALL OVER BODY OF VEHICLE. SOMEONE TOLD CONSUMER IT WAS FRONT WHEEL BEARING.  
\*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

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

24-APR-2001

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

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

68B101

Reference No.

386605

Work Num

Home Number

330-611-2104

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES  NO

In the absence of a signature, please print name of vehicle manufacturer.

Signature of Owner

Date 5/8/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1C4GP44G3YB561723  
 Vehicle Make CHRYSLER TRUC  
 Vehicle Model TOWN AND COU  
 Vehicle Year 2000  
 Current Odometer Reading 39,000 th

Purchase Date 15 Oct 1999  
 Dealer's Name JUETTNER MOTORS  
 City ALEXANDRIA State MN Zip Code 56309  
 Engine Size (C/DI/C/L) 3.3  
 No Cylinders 6  
 Turbo  
 Diesel  
 Gas  
 Fuel Injection

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 Ult  
 Van  Truck  
 Minivan  Motorcycle  
 Other  
 Body Style  2-Door  
 4-Door  
 Stationwagon  
 Pick Up Truck  
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02170000  
 Part Name(s) SUSPENSION:INDEPENDENT FRONT:BEARING WHEEL  
 Location  Left  Right  
 Front  Rear  
 Failed Part(s)  Original  Replacement  
 Both front wheels

No. of Failures 07  
 Date(s) of Failure(s) 12-NOV-1999  
 Mileage at Failure(s) 2000 less than  
 Vehicle Speed at Failure(s) 0  
 Failed Part(s) Available?  Yes  No  
 NHTSA Previously Contacted?  Yes  No  
 TRIED TO FIX

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 0  
 Number of Fatalities 0  
 Estimated Property Damage  
 Reported to Police  Yes  No

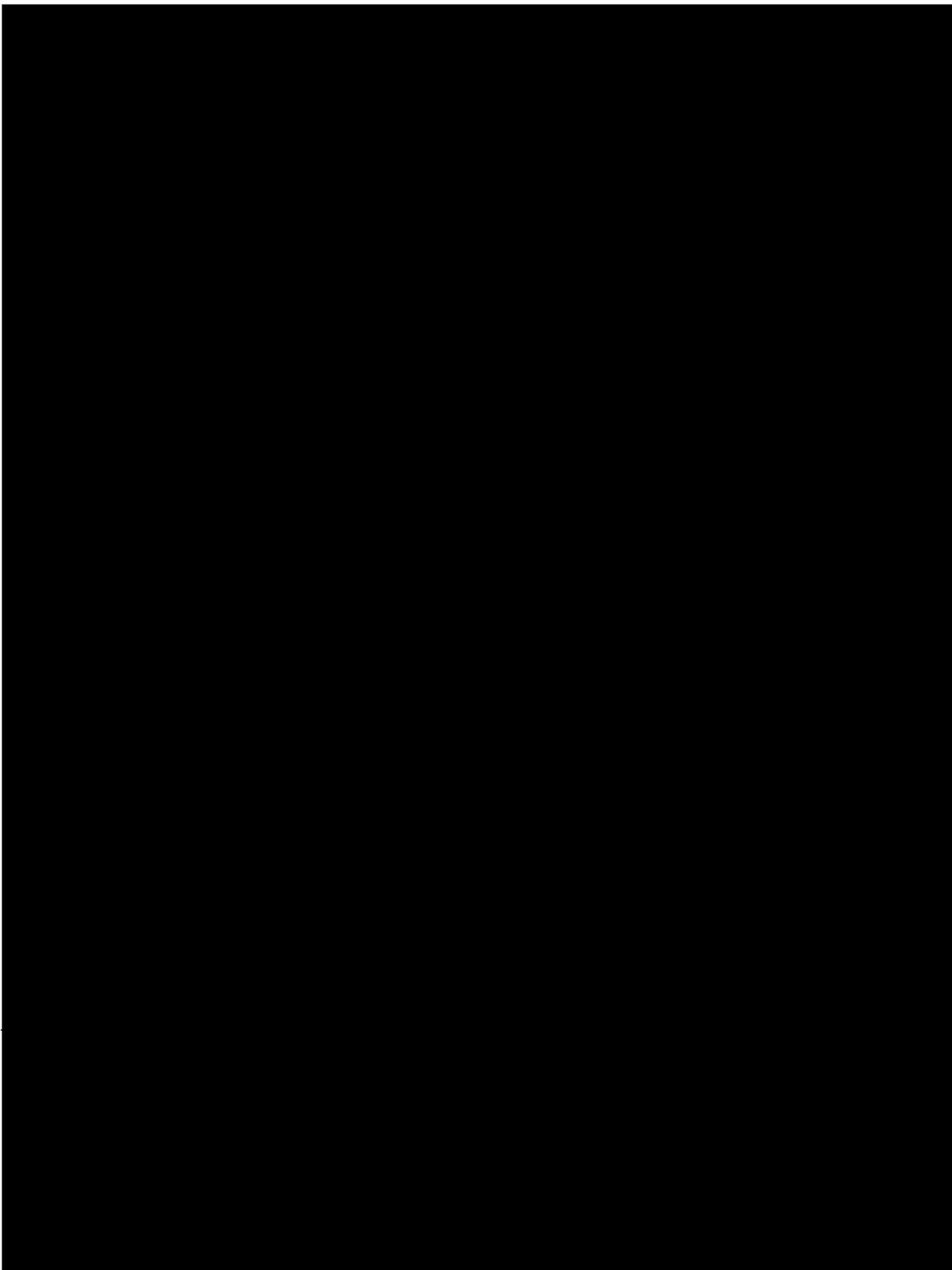
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GREASE IS ALL OVER BODY OF VEHICLE. SOMEONE TOLD CONSUMER IT WAS FRONT WHEEL BEARING. \*AK Owner Mark Juettner told us there were 5 other Vans sold from his dealership with the same problem. This problem started in the first month of ownership and still continues today after various and numerous attempts to fix this problem. If the ~~grease~~ grease is coming from the bearings from the front over

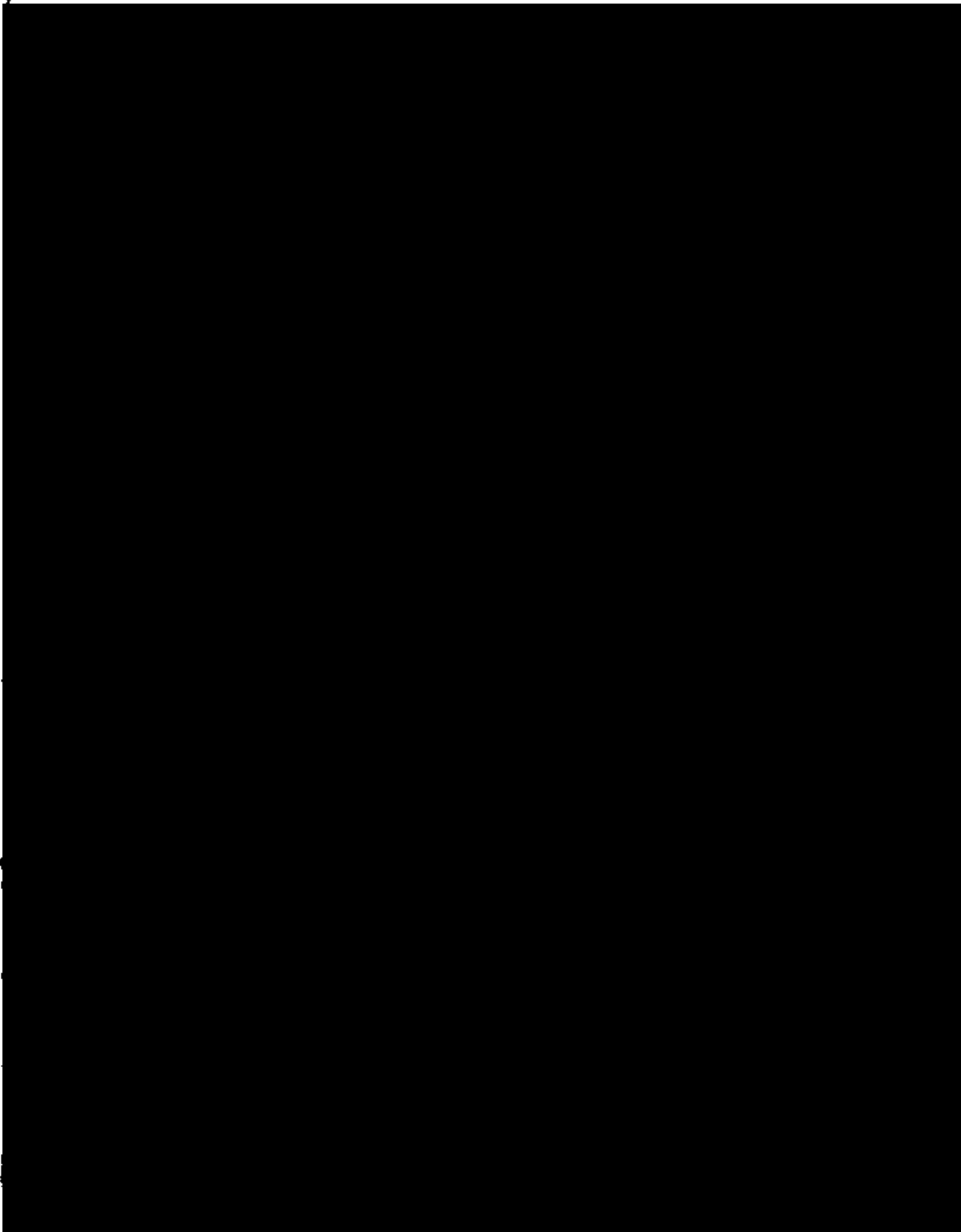
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

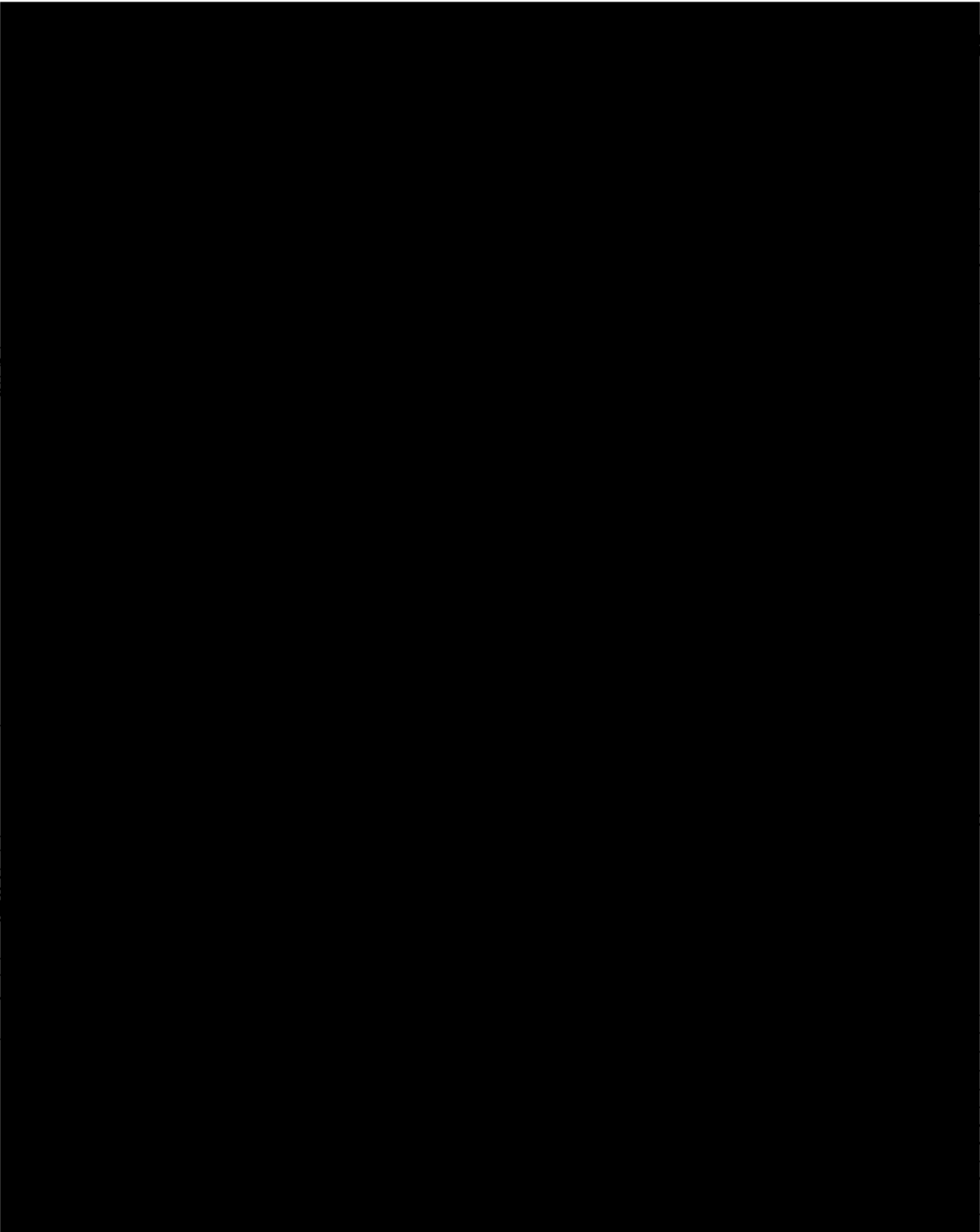
Will you inform us if there is any way you can assist us. We will hope to hear from you.



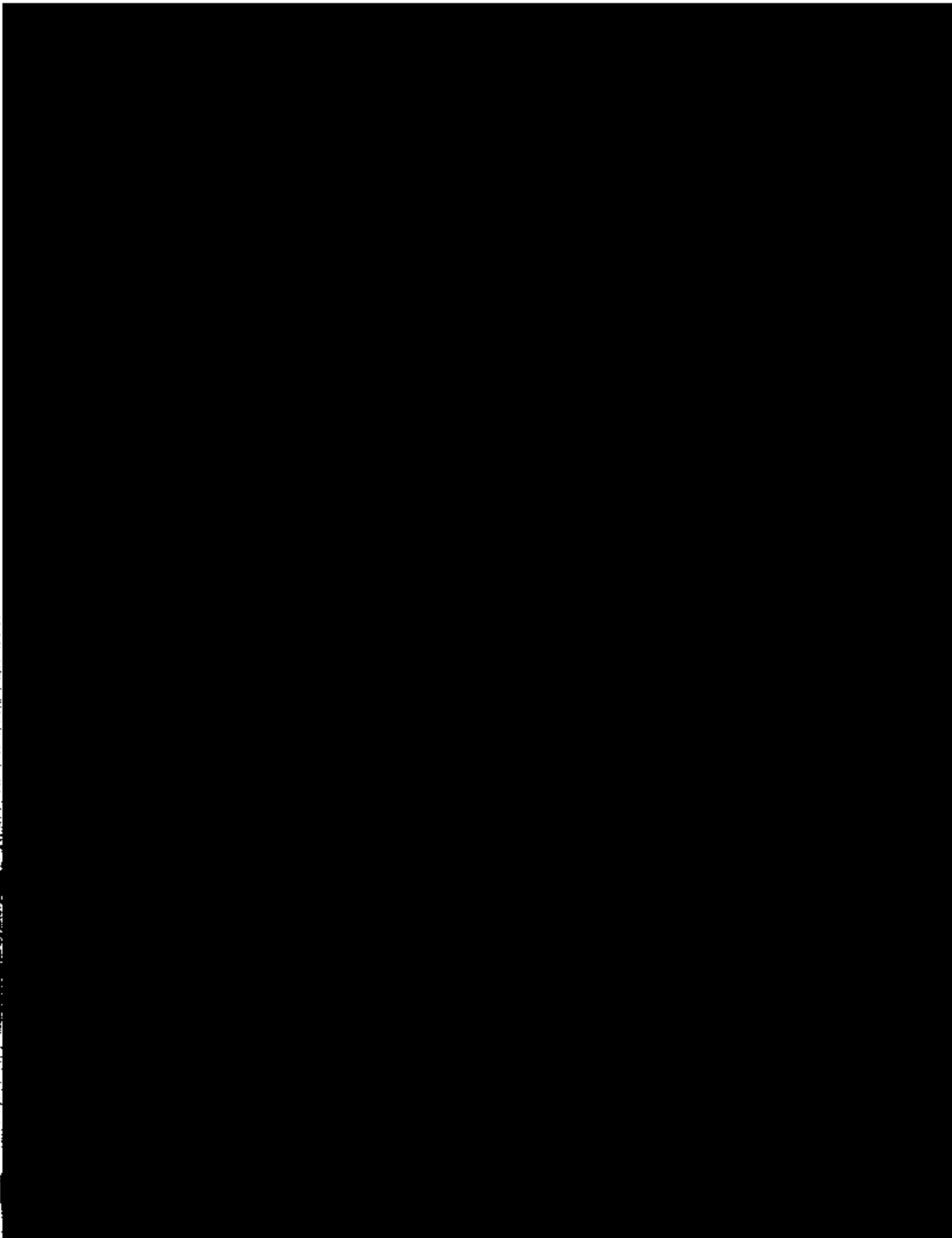


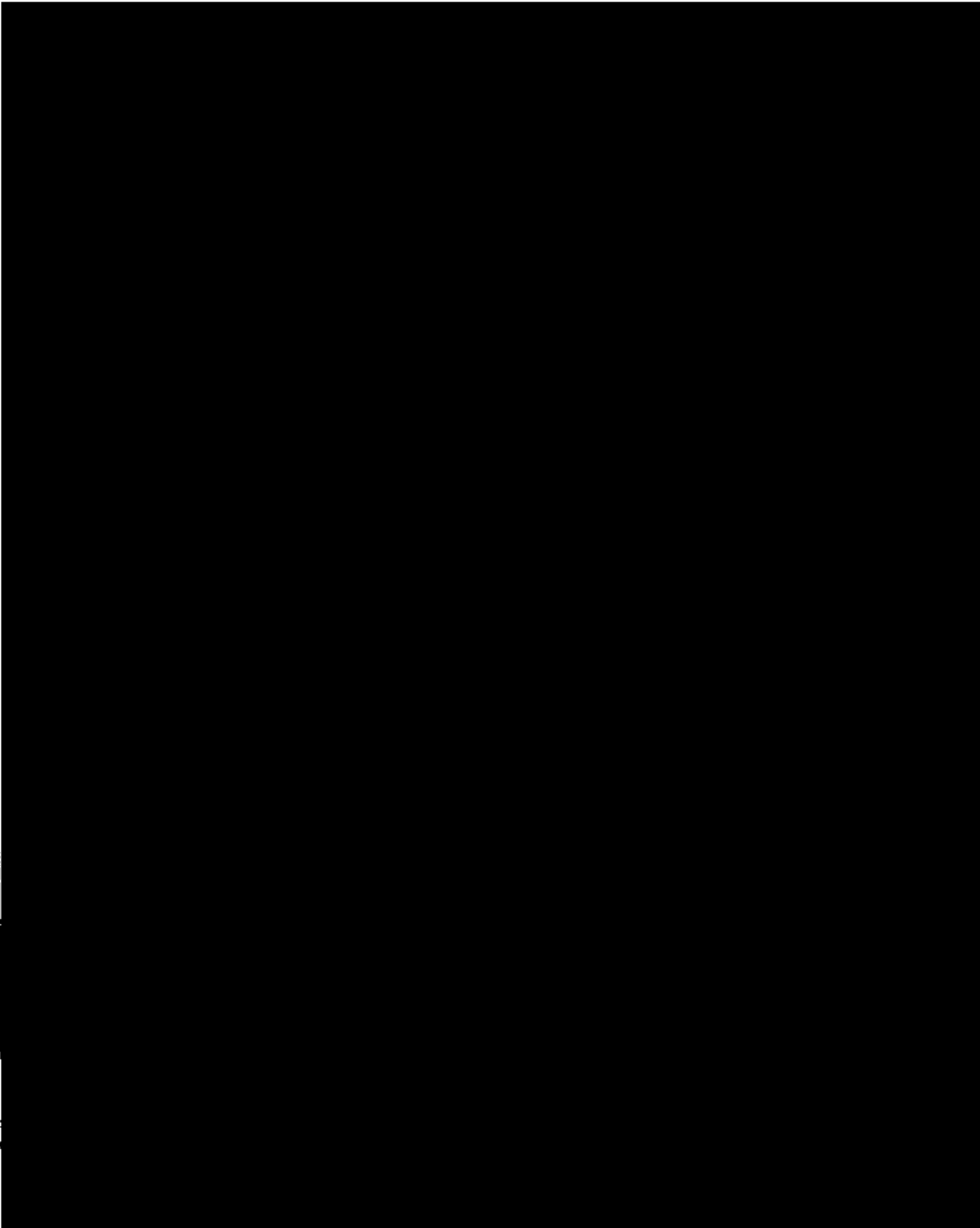
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