



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

19-JUL-2001

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

Reference No.

893082

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |   |
| 1B3EJ46U71N606583  | DODGE   | STRATUS  | 2001   |   |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____                                   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>03200000 | Part Name(s)<br>BRAKES:HYDRAULIC SYSTEM                                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>15-JUL-2001<br>13330<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

WHEN TRYING TO STOP VEHICLE WOULD NOT STOP. CONSUMER HAD TO TURN OFF THE ENGINE TO STOP VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*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.

|   |   |
|---|---|
| <p style="text-align: center;"><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire (VOQ)</b><br/>                 NATIONWIDE 1-888-DASH-2-DOT<br/>                 1-888-327-4236<br/>                 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;"><b>FOR AGENCY USE ONLY</b>    335</p> <p>Date Received <u>LIVL</u><br/> <u>01 AUG 28 AM 8</u><br/> <u>19 JUL 2001</u><br/>                 OFFICE<br/>                 DEFECTS INVESTIG</p> <p>Od_or _____<br/>                 R dt _____<br/>                 od:rt _____<br/>                 up_kr _____</p> <p>Reference No.<br/> <u>893082</u></p> <p>Work Number _____<br/>                 Home Number _____</p> |
| OWNER INFORMATION (Type or Print)   |   |
| [Redacted]  | 703258  |

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

Signature of Owner \_\_\_\_\_ Date 08/17/01

|  |                              |                                 |                             |   |
|--|------------------------------|---------------------------------|-----------------------------|---|
| Vehicle Ident. No. (VIN) <small>(located a. bottom of windshield on driver's side)</small><br><b>1B3EJ46U71N606583</b> | Vehicle Make<br><b>DODGE</b> | Vehicle Model<br><b>STRATUS</b> | Vehicle Year<br><b>2001</b> | Current Odometer Reading<br><b>5000</b> |
|--|------------------------------|---------------------------------|-----------------------------|---|

|  |  |                              |   |
|--|--|------------------------------|---|
| Purchase Date<br><u>May 2001</u>   | Dealer's Name <u>Zongora Dodge</u>                     | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>Albuquerque</u> State <u>NM</u> Zip Code _____ | No Cylinders _____           |   |

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|---|--|---|--|---|--|--|

| FAILED COMPONENT(S)/PART(S) INFORMATION |  |  |  |
|---|--|--|--|
| Component<br><b>03200000</b>            | Part Name(s)<br><b>BRAKES:HYDRAULIC SYSTEM</b>   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                          | Date(s) of Failure(s) <u>5-JUL-2001</u><br>Mileage at Failure(s) <u>13330</u><br>Vehicle Speed at Failure(s) <u>50 MPH</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | NHTSA Previously Contacted?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     |

| APPLICATION INCIDENT INFORMATION  |   |   |                      |                           |   |
|---|---|---|----------------------|---------------------------|---|
| <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small> |   |   |                      |                           |   |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><u>N/A</u> | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WHEN TRYING TO STOP VEHICLE WOULD NOT STOP. CONSUMER HAD TO TURN OFF THE ENGINE TO STOP VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK**

CONTINUE ON BACK IF NEEDED

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