Form Approved: O.M.B. No. 2127-0002

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 252

Date Received: 30-AUG-2001

od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 895570

[redacted]

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 Readin
3B3AP64K3RT255158	DODGE	SHADOW	1994	

Purchase Dat ____ ☐ New ☒ Used

Dealer's Name ____ City ____ State ____ Zip Code ____

Engine Size (CID/CC/L) ____ No Cylinders ____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
0	Date(s) of Failure(s): 30-AUG-2001 14800 Mileage at Failure(s): 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

CONSUMER WAS TRAVELING ABOUT 45MPH, GOING DOWN A HILL, AND LOST CONTROL OF VEHICLE. VEHICLE HIT A BUSH AND A TELEPHONE POLL, AND STOPPED ON IMPACT. DRIVER'S SIDE AIRBAG DIDN'T DEPLOY. DEALERSHIP WAS AWARE OF PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

Form Approved. O.M.B. No. 2127-0008

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 252

Date Received: 30-AUG-2001

Odi_dt
rt_dt
odi_rt
up_ltr

DEFECTS INVESTIGATION

Reference No: 895570

OWNER INFORMATION (Type or Print)

[redacted] 712294

Work Number
Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence o[redacted] NOT provide your name and address to the vehicle manufacturer.

Signature of Ow[redacted] Date ___/___/___

VEHICLE INFORMATION

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3B3AP64K3RT255158	DODGE	SHADOW	1994	

Purchase Date: Jan 2001
☐ New ☒ Used

Dealer's Name: 2nd Chance Auto
City: Centerville State: GA Zip Code: 30120

Engine Siz (CID/CC/L: ____
No Cylinders: ____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ut ☐ Truck ☐ Motorcycle	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

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12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:	☐ eft ☒ ront ☐ Right ☐ Rear	☒ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
1	30-AUG-2001 / 14800 / 0	☒ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFOR ATION

(Please describe n detail the incident(s), Failure(s), Crash(es), and njury (es) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	Car totaled and treedown also telephone poll in back	☒ Yes ☐ No

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