



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 1039

Date Received

11-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897610

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 | | |
| 4B3AG52H41E09042 | DODGE | STRATUS | 2001 | | | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <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 _____ | <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 01120000 | Part Name(s) STEERING COLUMN | 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) 15-MAR-2001 15 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

THERE WAS A NOISE IN STEERING GEAR. NOISE SOUNDED AS THOUGH A BOLT OR NUT WAS LOOSE IN STEERING COLUMN. CONTACT DEALER, AND DEALER COULD NOT FIND CAUSE.*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.

| | | |
|--|--|--|
|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 1039</p> <p>Date Received <u>10/17/01</u> <u>11-OCT-2001</u></p> <p>Od_or _____ rt_dt _____ adrt _____ up_tr _____</p> <p>Reference No. 897610</p> <p>Work Number _____ Home Number _____</p> |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 719573</p> | | |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of _____ address to the vehicle manufacturer.
 Signature of Owner _____ Date 10/22/01

| VEHICLE INFORMATION | | | | | |
|--|---|---|--|--|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers' side) 4B3AG52H41E09042 | Vehicle Make DODGE | Vehicle Model STRATUS | Vehicle Year 2001 | Current Odometer Reading | |
| Purchase Date 02/28/01 | Dealer's Name <u>Chris Leith Dodge</u> | | Engine Size (CID/CC/L) 3.0L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Wake Forest</u> State <u>NC</u> Zip Code <u>27587</u> | | No Cylinders <u>6</u> | | |
| Transmission Type <input checked="" type="checkbox"/> Manua <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Be <input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle |
| Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | | | | | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|--|--|--|
| Component 01120000 | Part Name(s) STEERING COLUMN | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacem |
| No of Failures | Date(s) of Failure(s) <u>15-MAR-2001</u> Mileage at Failure(s) <u>15</u> Vehicle Speed 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 injuries) 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 Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

THERE WAS A NOISE IN STEERING GEAR. NOISE SOUNDED AS THOUGH A BOLT OR NUT WAS LOOSE IN STEERING COLUMN. CONTACT DEALER, AND DEALER COULD NOT FIND CAUSE. *AK

[Redacted Signature]

CONTINUE ON BACK IF NEEDED

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