



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 241**

Date Received

29-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

898382

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		
1B7HF13Z31J512672	DODGE	LANCER	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 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 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	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	Dates of Failure(s) 16-OCT-2001 Mileage at Failure(s) 1800 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 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**AFTER ENGAGING VEHICLE INTO PARK IT INADVERTENTLY JUMPED OUT OF GEAR AND ROLLED INTO A NEIGHBOR'S FENCE. DEALER/ MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

COPIED FROM NHTSA FORM 301

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.

**DOT Auto Safety Hotline**

**Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**

<b>AGENCY USE ONLY</b> 241	
Date Received: <u>10/17/01</u> Date: <u>10-17-01</u> State: <u>NH</u>	Odometer at start: _____ Odometer at end: _____ Mileage up: <u>52</u> Reference No.: <u>898382</u>
Work Number: _____	
Home Number: _____	

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]      VIN: 723592

Do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized representative, please provide your name and address to the vehicle's manufacturer.  
 Signature of Owner: [Redacted]      Date: 11/13/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located on front windshield on driver's side) <u>1B7HF13Z31J512672</u>	Vehicle Make <u>DODGE</u>	Vehicle Model <u>LANCER</u>	Vehicle Year <u>2001</u>	Current Odometer Reading _____
Purchase Date: _____	Dealer's Name: _____		Engine Size (CID/CC): _____	<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: _____	<input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Wheel <input type="checkbox"/> Rear Wheel <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport/Utility Vehicle <input type="checkbox"/> Sport/Utility Truck <input type="checkbox"/> Motorcycle		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"/> Truck

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

Component <u>07301000</u>	Part Name(s) <u>POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM</u>	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) <u>16-OCT-2001</u>	Mileage at Failure(s) <u>1800</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 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 Damage <u>\$4,300</u>	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)**

**AFTER ENGAGING VEHICLE INTO PARK IT INADVERTENTLY JUMPED OUT OF GEAR AND ROLLED INTO A NEIGHBOR'S FENCE. DEALER/ MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

*Dealer slip Refuse to take transfer case out to inspect IT  
 IF nothing wrong they say mechanics will pay for it still  
 Acting up. Transfer case is not working properly. [Signature]*

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE

EST 1970



TOOK TRUCK TO DEALER IN LONDON, KY. THEY SAID COULD  
FIND NOTHING WRONG, VEHICLE IS STILL BEING WORN TRANSMISSOR  
TRANSFER CASE STILL NOT WORKING PROPERLY, THEY WANT EYE  
IT UNTIL IT COMPLETELY BROKE, STILL NO EXPLANATION  
HOW VEHICLE WENT INTO LOCKUP, KNOW WITH RARE TO  
REGULAR A WHEEL DRIVER TRANSFER CASE WILL NOT GO INTO  
NEUTRAL WHILE TRANSMISSOR INDICATOR IS IN DRIVE,  
WO INDICATE AN VEHICLE TO WARN MY WIFE OR ANY OTHER  
THAT THE VEHICLE WAS IN NEUTRAL, THEY SAY IF THE DRIVER  
THE TRANSFER CASE A TRANSMISSOR AND FIND NOTHING WRONG  
THE MECHANIC PAYS FOR IT, THAT'S WHY WE HAD TO TAKE IT  
PROBLEM IF THEY DON'T LOOK AT IT, THEY WANT TO TAKE TRANSMISSOR  
OUR FUND HAVE IT INSPECTED, LETTER FROM DENVER CHRYSLER NOT  
ABLE FOR WHAT VEHICLE DONE, OR DAMAGE, WHEN THE TRUCK HAD A RISK  
SOMEONE TO OUT COME WILL BE NOT BE GOOD, ~~STILL~~ WE'RE STILL  
AT AN UNFIXED SCHEDULE VEHICLE WILL BE OFF FOR US ANYMORE  
FIRST IT SHOULD BE REPAIRED ON AT AND INSPECTED BY (M. K. KIRK) (M. K. KIRK)

Form with fields for IDENTIFICATION NO., MANUFACTURER/TIRE NAME, SIZE, and NARRATIVE DESCRIPTION (CONTINUED). Includes instructions for DOT identification numbers and return address.