



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

08-NOV-2001

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

Reference No.

898938

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		
2E3ED66F4PH629544	EAGLE	VISION	1993			
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 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 10421000	Part Name(s) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	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	Dates of Failure(s) _____ 01-JUL-2000 Mileage at Failure(s) _____ 10000 Vehicle Speed 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)

SPOT WHERE AUTOMATIC BUTTON IS LOCATED TO RAISE AND CLOSE REAR WINDOW IS DANGEROUS. A CHILD WAS ALMOST STRANGLD BY WINDOW WHEN CHILD'S FOOT WAS PRESSED AGAINST BUTTON, AND CHILD WAS OUT OF WINDOW. 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The button to raise & lower the window. I didn't realize what was happening at first and tried to control it with my control in front. Then I ran around the car to see what I could do & realized where his knee was. I told him to take his knee off the button and then which way to push it since it was difficult for me to reach from where I was. Fortunately he obeyed & understood. He had a little red spot on his neck. That was all. Afterwards he said, "m off!" Then I tried an experiment which really scared me! I ~~stuck~~ stuck my own wrist in my window & pushed the button to see if it would stop. It didn't & I immediately felt my hand going numb! I was hoping to find some sort of safety stop like garage doors now have. I shudder to think of what could've easily happened and what could easily occur again elsewhere.

^{Some} ~~easy~~ ^(I think) changes would be to ¹⁾ put a sensitive safety stop on the windows, ²⁾ have an override at the driver's door & ³⁾ sink the button so its lower than the armrest's surface.

We won't make this same mistake twice & wouldn't mind having our car in for a recall. Thanks so much!

U.S. G.P.O.: 1992 - 822-097 / 6006

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
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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

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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: <u>NOV 17 PM 2001</u> REFLECT				
U.S. Department of Transportation National Highway Traffic Safety Administration		Od. or rt. dt. _____ Mod. yr. _____ Mod. no. _____ Reference No. 898938				
OWNER INFORMATION (Type or Print) MOOREHEAD MO 36560						
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle in the absence of a signature of owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date <u>11/21/01</u>		the vehicle manufacturer.				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2E3ED6GF4PH629544	EAGLE	VISION	1993	96134		
Purchase Date <u>5/01</u>	Dealer's Name <u>Don-Right Auto</u>		Engine Size (CID/CC/L) <u>35L(?)</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>MOOREHEAD</u> State <u>MO</u> Zip Code <u>56560</u>	No. Cylinders <u>6</u>				
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt <small>middle of basic seat only</small>	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	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 <u>10121000</u>	Part Name(s) <u>VISUAL SYSTEMS: GLASS: POWER WINDOW DOOR AND SIDE</u>	Location <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input checked="" type="checkbox"/> Right rear <input checked="" type="checkbox"/> Left rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement			
No. of Failures <u>0</u>	Date(s) of Failure(s) <u>01-JUL-2000 11-5-01</u>	Mileage at Failure(s) <u>40000 95900+</u>	Vehicle Speed at Failure(s) <u>0 STOPPED</u>	Failed Part(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>none</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
SPOT WHERE AUTOMATIC BUTTON IS LOCATED TO RAISE AND CLOSE REAR WINDOW IS DANGEROUS. A CHILD WAS ALMOST STRANGLED BY WINDOW WHEN CHILD'S FOOT WAS PRESSED AGAINST BUTTON, AND CHILD WAS CUT OFF WINDOW. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK Knee head						
I let my 5-year-old get the mail from the mailbox out of his window. Since the window only goes down halfway and the mailbox is deep, he stuck his head out and then climbed into the armrest on the door to get a longer reach. That's when his knee hit						
CONTINUE ON BACK IF NEEDED						
The Privacy Act of 1974-Public Law 93-57: 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.						