



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

26-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899422

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
1B3EJ46XX1N539021	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 type="checkbox"/> New <input checked="" 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 type="checkbox"/> No	<input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05100000	Part Name(s) ENGINE	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) _____ Mileage at Failure(s) _____ 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT ANY SPEED ENGINE WILL STALL OUT. WHEN TAKEN FOOT OFF PEDAL CAN FEEL ENGINE TRYING TO DIE OUT. CONSUMER HAS TO KEEP FOOT ON ACCELERATER TO AVOID VEHICLE FROM SHUTTING OFF. CONTACTED DEALER, AND DEALER COULD NOT RECREATE PROBLEM TO FIX IT. PLEASE 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		FOR AGENCY USE ONLY 335 Date Received: <u>SEP 27 2001</u> Date: <u>NOV-2001</u>	
U.S. Department of Transportation National Highway Traffic Safety Administration		Reference No. <u>899422</u> Word Number: <u>[REDACTED]</u> Home Number: <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print)			
[REDACTED]		727394	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner: <u>[REDACTED]</u>		Date: <u>12/29/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>1B3EJ46XX1N539021</u>		Vehicle Make <u>DODGE</u>	Vehicle Model <u>STRATUS</u>
Vehicle Year <u>2001</u>		Current Odometer Reading _____	
Purchase Date <u>3/7/01</u>	Dealer's Name <u>Auto West Dodge</u>		Engine Size (CID/CYL) <u>2.4</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Fremont</u> State <u>CA</u> Zip Code _____	No. Cylinders <u>4</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/>
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" 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>05100000</u>	Part Name(s) <u>ENGINE</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>6</u>	Date(s) of Failure(s) <u>01-SEP-2001</u>	Mileage at Failure(s) <u>18236</u>	Vehicle Speed at Failure(s) _____
Failed Part(s) <input checked="" type="checkbox"/> Yes <input 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 _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>WHILE DRIVING AT ANY SPEED ENGINE WILL STALL OUT. WHEN TAKEN FOOT OFF PEDAL CAN FEEL ENGINE TRYING TO DIE OUT. CONSUMER HAS TO KEEP FOOT ON ACCELERATER TO AVOID VEHICLE FROM SHUTTING OFF. CONTACTED DEALER, AND DEALER COULD NOT RECREATE PROBLEM TO FIX IT. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK</p>			
CONTINUE ON BACK IF NEEDED			
<p>The Privacy Act of 1974 (Public Law 93-57) requires this information to be 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>			

