



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>8/15/00</b>	Officer _____
Reference No.	rd-rt _____
	rd-l _____
	uc _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>1C4GFS4L3Y6707296</b>		VEHICLE MAKE <b>CHRYSLER VAI</b>	VEHICLE MODEL <b>TOWN &amp; COUNTRY LX!</b>	MANUFACTURE DATE	MODEL YEAR <b>2000</b>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input checked="" type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE <b>6-23-00</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>ZERSLOFT HAS CHRYSLER</b>	CITY <b>DANVILLE</b>	STATE <b>PA</b>	ZIP CODE <b>17821</b>
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver's Side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger's Side Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt
DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input checked="" type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <b>W/2</b> <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Stationwagon		

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

COMPONENT <input type="radio"/> Driver Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost/Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <b>ENGINE REVEDED UP WITH SHORT CIRCUIT</b>	NO. OF FAILURES <b>1</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>6-23-00</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>90 MILES</b>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <b>IN MIDDLE of PKG (massive)</b>	FAILED PART(S) <input type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No	

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b>	CAUSE OF INCIDENT <input type="radio"/> Wear/Comoded/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnected/Fell Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive E/Fuel <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <b>sway</b> <input type="radio"/> Poor Visibility <input checked="" type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input checked="" type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b>		

PLEASE DO NOT WRITE IN THIS AREA



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