



U.S. Department of Transportation
National Highway Traffic Safety Administration

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 9/19/01	Order #
Reference No.	File #
	Officer #
	Officer Name

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE Chrysler	VEHICLE MODEL T&E	MANUFACTURE DATE 1996	MODEL YEAR 1996		
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input checked="" type="checkbox"/> DaimlerChrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW	PURCHASE DATE: 5/01 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used DEALER'S NAME: Liberty Ford CITY: Solon STATE: OH ZIP CODE: 44139					
ENGINE SIZE (CID/GC/L): 3.3 NO CYLINDERS: 6	FUEL SYSTEM: <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE: <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESTRAINT SYSTEM: <input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 3-Point Belt	CRUISE CONTROL: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	VEHICLE TYPE: <input type="checkbox"/> Car <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	DOORS: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE: <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input checked="" type="checkbox"/> Station Wagon			

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilator <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Structure - <i>rust on driver side tower</i> <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES 1	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE no crash yet	TIRE NAME Michelin	COMPLETE TIRE SIZE	
	MILEAGE AT INCIDENT 98,000	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input checked="" type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
	VEHICLE SPEED AT INCIDENT			
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED 0	CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Culture <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Error/Floor Performance <input type="checkbox"/> Excessive Effort	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Roll-over <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES 0	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA



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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

The strut tower on the driver side of engine compartment is starting to rust. It may cause the strut to go through the body of the car which could lead to loss of control and a possible crash.

There is no other rust or anything else wrong with this vehicle that I or the mechanic could see.

I would like to get this taken care of as soon as possible because we use this car for family trips. This is the only thing I'm concerned about in this car.

The rest seems to be fine. Thank you for your cooperation in this matter.

Describe any additional incidents. (include date and mileage)
The Privacy Act of 1974—Public Law 93-502 This information is not to be furnished to anyone outside the National Highway Traffic Safety Administration. You are not to disclose this information to anyone else. This information 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 an action to recall or repair a vehicle, your response, in a substantial manner, may be used in support of the agency's action.
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

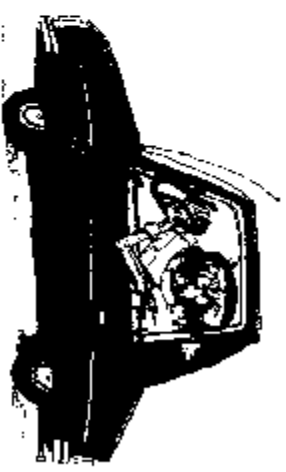
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT



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400 Seventh St., S.W.
Washington, D.C. 20590

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