



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

10-10-01

Reference No.

Order

+2

od-rt

if-4th

## 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                                                            |  | VEHICLE MODEL                                                                                                                                    |  | MANUFACTURE DATE                                                 |  | MODEL YEAR                                                                                                                                                                                                                     |  |
| [VIN]                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                              |  | EAGLE                                                                   |  | TALON                                                                                                                                            |  | [Date]                                                           |  | 1997                                                                                                                                                                                                                           |  |
| 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<br><input 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                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="radio"/> New<br><input type="radio"/> Used                                                                                                                                                                      |  | DEALER'S NAME                                                           |  | CITY                                                                                                                                             |  | STATE                                                            |  | ZIP CODE                                                                                                                                                                                                                       |  |
| JUNE, 1997                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                              |  | BURGER CHRYS.                                                           |  | TERRE HAUTE                                                                                                                                      |  | IN                                                               |  | 47803                                                                                                                                                                                                                          |  |
| ENGINE SIZE                                                                                                                                                                                                                                                                                                                                                                                      |  | FUEL SYSTEM                                                                                                                                                                                                                  |  | FUEL TYPE                                                               |  | TRANSMISSION TYPE                                                                                                                                |  | ANTILOCK BRAKES                                                  |  | RESTRAINT SYSTEM                                                                                                                                                                                                               |  |
| [CID/CC/L] 3.0L                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="radio"/> Turbo<br><input checked="" type="radio"/> Fuel Injection                                                                                                                                               |  | <input type="radio"/> Diesel<br><input checked="" type="radio"/> Gas    |  | <input type="radio"/> Manual<br><input checked="" type="radio"/> Automatic                                                                       |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |  | <input checked="" type="radio"/> Driver's Airbag <input type="radio"/> 2-Point Belt<br><input checked="" type="radio"/> Passenger's Airbag <input type="radio"/> Motorcyclist<br><input checked="" type="radio"/> 3-Point Belt |  |
| NO. CYLINDERS 4                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                              |  |                                                                         |  |                                                                                                                                                  |  |                                                                  |  | CRUISE CONTROL                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                              |  |                                                                         |  |                                                                                                                                                  |  |                                                                  |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No                                                                                                                                                               |  |
| DRIVETRAIN                                                                                                                                                                                                                                                                                                                                                                                       |  | VEHICLE TYPE                                                                                                                                                                                                                 |  | DOORS                                                                   |  | BODY STYLE                                                                                                                                       |  |                                                                  |  |                                                                                                                                                                                                                                |  |
| <input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel<br><input type="radio"/> Rear                                                                                                                                                                                                                                                                                               |  | <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other<br><input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle |  | <input checked="" type="radio"/> 2-Door<br><input type="radio"/> 4-Door |  | <input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan<br><input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon |  |                                                                  |  |                                                                                                                                                                                                                                |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| COMPONENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | NO. OF FAILURES                                                                                                                                                                                                                                                                      |  | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters). |  |
| <input type="radio"/> Child Seat<br><input type="radio"/> Electrical Lights & Alarms<br><input type="radio"/> Engine & Cooling System<br><input type="radio"/> Equipment<br><input type="radio"/> Fuel System, Exhaust<br><input type="radio"/> Heater, Defrost, Ventilation<br><input type="radio"/> Interior<br><input type="radio"/> Parking Brake<br><input type="radio"/> Power Train<br><input type="radio"/> Service Brakes<br><input type="radio"/> Steering<br><input type="radio"/> Structure<br><input type="radio"/> Suspension<br><input type="radio"/> Visual Systems<br><input checked="" type="radio"/> Other DRIVER & PASSENGER AIR BAGS |  | 1 2 3 4 5 6 7 8 9<br>1 2 3 4 5 6 7 8 9                                                                                                                                                                                                                                               |  |                                                                                                                               |  |
| INCIDENT DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TIRE NAME                                                                                                                                                                                                                                                                            |  | COMPLETE TIRE SIZE                                                                                                            |  |
| 16 SEP 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                      |  |                                                                                                                               |  |
| MILEAGE AT INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | TIRE BRAND                                                                                                                                                                                                                                                                           |  |                                                                                                                               |  |
| 56 K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="radio"/> BF Goodrich<br><input type="radio"/> Cooper<br><input type="radio"/> Firestone<br><input type="radio"/> Goodyear<br><input type="radio"/> Kelly Springfield<br><input type="radio"/> Michelin<br><input type="radio"/> Yokohama<br><input type="radio"/> Other |  |                                                                                                                               |  |
| VEHICLE SPEED AT INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FAILED PART(S)                                                                                                                                                                                                                                                                       |  |                                                                                                                               |  |
| 40 MPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input checked="" type="radio"/> Ongoing<br><input type="radio"/> Replacement                                                                                                                                                                                                        |  |                                                                                                                               |  |
| HANDICAPPED ADAPTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | FAILED PART(S) AVAILABLE?                                                                                                                                                                                                                                                            |  | NHTSA PREVIOUSLY CONTACTED?                                                                                                   |  |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                        |  | <input type="radio"/> Yes <input checked="" 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                                                            |  | NUMBER OF PERSONS INJURED                  |  | CAUSE OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | RESULT OF INCIDENT                                                                                                                                                                                                                                                               |  |
|                                                                                                             |  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |  | 0 1 2 3 4 5 6 7 8 9<br>0 1 2 3 4 5 6 7 8 9 |  | <input type="radio"/> Wear/Corrosion/Rust<br><input type="radio"/> Weak/Poor Fit/Loose<br><input type="radio"/> Cut/Torn<br><input type="radio"/> Disconnect/Fall Off<br><input type="radio"/> Erratic/Poor Performance<br><input type="radio"/> Excessive Effort<br><input type="radio"/> Nuts<br><input type="radio"/> Links<br><input type="radio"/> Short<br><input type="radio"/> Locks/Sticks/Grabs<br><input type="radio"/> Stability/Vibration<br><input type="radio"/> Broken |  | <input type="radio"/> Explosion/Fire<br><input type="radio"/> Loss of Control<br><input type="radio"/> Poor Visibility<br><input type="radio"/> Inadvertent Start<br><input type="radio"/> Rollover<br><input type="radio"/> Stalls<br><input type="radio"/> Sudden Acceleration |  |
|                                                                                                             |  | FIRE                                                             |  | NUMBER OF FATALITIES                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                  |  |
|                                                                                                             |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |  | 0 1 2 3 4 5 6 7 8 9<br>0 1 2 3 4 5 6 7 8 9 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                  |  |

PLEASE DO NOT WRITE IN THIS AREA

04914

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

1 WAS IN VEHICLE ONE TRAVELING NORTHBOUND ON SHERWOOD ACCESS RD. AT APPROX 10:00 AM. VEHICLE TRUCK, TRAVELING SOUTH BOUND ON SHERWOOD ACCESS RD TURNED LEFT INTO MY PATH OF TRAVEL. THERE WAS NO TIME TO REACT. MY VEHICLE LOCKED UP AND I STRUCK #2 IN HIS RIGHT FRONT WHEEL. THE COLLISION LEFT MY HEAD AND NECK, NOT TO MENTION MY BACK BANGED 3 FEET FEET OF THEIR ORIGINAL POSITION, AND WE TIE THE AIR BAGS DID NOT DEPLOY. LUCKILY, BOTH MY WIFE & I WERE BOTH WEARING OUR SEAT BELTS AND SUFFERED ONLY MINOR BRUISES. I NEVER, IT COULD HAVE BEEN MUCH WORSE. INVE. SIGNATURE REQUESTED.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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 responsible 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.

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HS Form 350 (Rev. 8/89)

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

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Penalty for Private Use \$300



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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**

**(V00Q)**

**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)



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)