



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

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236
 www.safercar.gov

FOR AGENCY USE ONLY	
Date Received	Repository <input type="checkbox"/>
Reference No.	

OWNER INFORMATION (Type or Print)			Daytime Telephone Number
Name			Evening Telephone Number
Street No.	Apt. No.		E-mail
City	State	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side				Make	Model	Year	Current Mileage
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:		
<input type="checkbox"/> Original Owner	Dealer's City	State	Zip Code	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Gas <input type="checkbox"/> Other		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		<input type="checkbox"/> Rear-Wheel Drive		
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic			<input type="checkbox"/> All-Wheel Drive <input type="checkbox"/> Front-Wheel Drive		<input type="checkbox"/> Four-Wheel Drive		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
				<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)
Failed Structure <input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		DOT No. (Example: DOT MAL9ABC036 on sidewall)	
Failure Type: <input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name
Seat Type <input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other		Installed in Vehicle using the:
Failed Part. Describe Failure Below <input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other		<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <small>*Vehicle info required</small>

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Police Report No.
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882



Use the attached Vehicle Owner's Questionnaire (VOQ) to report a motor vehicle safety problem to the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (DOT). You may also call the Vehicle Safety Hotline at 1-888-327-4236 or file your report online at our Web site at www.safercar.gov. The TTY number is 1-800-424-9153.

If a safety-related defect exists in a motor vehicle, or item of motor vehicle equipment such as a child safety seat, the manufacturer may be required to recall it and fix it at no cost to the owner. Your report is the first step in this process. It will be viewed with other reports to identify safety defect trends that require investigation.

Government investigators will analyze the problem. If warranted, the manufacturer will be asked to conduct a safety recall campaign.



www.safercar.gov
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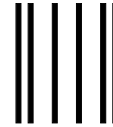
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Horizontal lines for narrative description.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

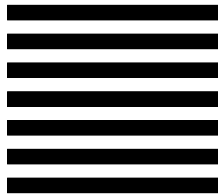
OFFICIAL BUSINESS



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UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Advertisement for safercar.gov with text: 'Think your vehicle has a safety defect? Use the enclosed form to file a report. If so: www.safercar.gov or call: 888-327-4236 or visit: www.nhtsa.gov'.

Detach Here

Advertisement for safercar.gov with text: 'www.safercar.gov 888-327-4236 Vehicle Safety Hotline Get Crash Test & Rollover Ratings Report Defects & Check for Recalls'.