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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

RECEIVED 03 FEB 21 P 12:24 OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 252 [redacted]

Date Received	Repository
24-JAN-2003	
	Reference No. 10004633

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City MIDDLEBURG | State OH | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address
Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE FILL IN 2P4GP2438TR628968	PLYMOUTH	VOYAGER	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7/96	Spitzer Lakewood (216) 521-0155			No: Cylinders	
Original Owner ☒	Dealer's City	State	Zip Code		
	Lakewood	OH	44107		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		138120 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM:WINDSHIELD:H Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-JAN-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

THE CONSUMER IS CONCERNED WHEN HE TURNED ON THE HEAT OR AIR CONDITION BY THE KNOB ON THE PANEL THERE IS LESS AIR AND HEAT PLEASE FILL IN ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEMLTS

When I turn on the Air or Heat & the (speed or level of air coming out knob) only works on 1, 3, 4 5 speeds. Air or Heat doesn't come out from the vents.

What do I do? Can you please Help w/o it costing an arm & Leg??

Thanks [redacted]

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY