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

FOR AGENCY USE ONLY 335

Date Received	Repository ☐
2003 APR 25 AM 11:07 / 28-MAR-2003	Reference No. 10014704

OWNER INFORMATION (Type or Print)

Name	[redacted]
Address	[redacted]
City	ODESSA
State	MO
Zip Code	[redacted]
Daytime Telephone Number	[redacted]
Evening Telephone Number	[redacted]
E-mail Address	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] *NOT provide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 5/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
1P4GP44R[redacted]	PLYMOUTH	VOYAGER	1997

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
			Gas

Original Owner	Dealer's City	State	Zip Code
☐	Warrensburg	MO	

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control		070000 FUEL SYSTEM, GASOLINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-MAR-2003	98000		There have been 3 times when electrical things have not worked (blinkers, radio windows) Turning the car off and restarting it fixed it. Feb 15, 03 1st time ... Gas tank is leaking.

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: DOTMAL9ABC036)	☐ 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	NA	NA	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 VEHICLE EXPERIENCED A FUEL LEAK. *JB

Since Feb 15, 03 there has been 3 times that the car's electrical system has not worked while the car was running. (windows, blinkers, radio) Restarted the vehicle solved the problem each time.

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