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 10016[illegible]

Date Received: 2003-06-09 PM 2[illegible]

Repository ☐

Reference No.: 10022880

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: GALT | State: CA | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

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 express authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: 6/30/03

VEHICLE INFORMATION

Make	Model	Model Year
PLYMOUTH	VOYAGER	1997

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
4/1997	CHASE CHRYSLER (209) 957-7600	6	GAS

Original Owner	Dealer's City	State	Zip Code
☒	STOCKTON	CA	95205

Transmission Type: ☐ Antilock Brakes ☒ Cruise Control

Powertrain:

Vehicle Component Code: 103000-POWER TRAIN:AUTOMATIC-TRANSMISSION

Probable Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
9/2001	97,000	30
6/9/2003	136,000	30

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: DOTHALSABC096)	☐ 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 accident(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).

TRANSMISSION IS NOT SHIFTING INTO THE HIGHER GEARS. *AK: THIS IS THE SECOND TIME THIS PROBLEM OCCURRED. THE FIRST TIME WAS AT 97K, THE DEALER REPLACED SOME PARTS IN TRANSMISSION. AT 136K THE TRANSMISSION WOULDN'T SHIFT INTO HIGHER GEARS, CHRYSLER WOULDN'T ASSIST IN REPLACING OR REBUILDING. DEALER SAID THE TRANSMISSION NEEDED TO BE REPLACED COULD NOT BE REPAIRED.*

ALSO, CLOCK SPRING FAILED [illegible] REPAIRED AND REIMBURSED. [illegible]

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