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 100184

Date Received	Repository
2004 APR 20 AM 10 [illegible]	
26-FEB-2004	Reference No. 10059857

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City CLAIRTON | State PA | Zip Co [redacted]

Daytime Telephone Number [redacted] | E-mail Address [redacted]

Evening Telephone Numbe [redacted]

Do you authorize [redacted] to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence o [redacted] ovide your name or address to the vehicle manufacturer.

Signature of Own [redacted] Date 3/27/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1P4GH54R7NX-174865	PLYMOUTH	GRAND VOYAGER	1992

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.3 No: Cylinders	Fuel Type:
11/26/91	MONROEVILLE CHRYSLER			6	GAS
Original Owner [X]	Dealer's City MONROEVILLE	State PA	Zip Code 15146		

Transmission Type			Vehicle Component Code
AUTO	[ ] Antilock Brakes [ ] Cruise Control	Powertrain	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-FEB-2004	120000	N/A	

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: DOTMALSABC0361)	[ ] 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 [X] No	[ ] Yes [X] No	0	0	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).

WHILE THE VEHICLE WAS IDLING CONSUMER SMELLED A STRONG GASOLINE ODOR. CONSUMER OPENED THE ENGINE COMPARTMENT, AND OBSERVED GAS DRIPPING FROM THE FUEL RAIL. VEHICLE WAS IMMEDIATELY PARKED, AND THE MANUFACTURER WAS INFORMED. *AK

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