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 10014B	
Date Received 24-JUN-2005	Repository ☐ 2005 JUL 15 AM 7:46 Reference No. 10126514

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City SEATTLE	State WA	Zip Code [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 [redacted] Date 7/2/05

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2P4FP2535WR[redacted]	PLYMOUTH	VOYAGER	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-AUG-97	TOWN AND COUNTRY CHRYSLER JEEP 206-365-3530			No. Cylinders	Gas
Original Owner ☒	Dealer's City SEATTLE	State WA	Zip Code 98177		

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	Powertrain FRONT WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-OCT-2003	35700		

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 all crash(es), Fire(s), Death(s), 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).

DT: CONTACT OWNS A 1998, PLYMOUTH, VOYAGER VAN. TRANSMISSION FAILED ON OCT. 1, 2003 AT ONLY 35,700 MILES. *AK

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).