



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 100148

Date Received

Repository

2007 010-Nov-2007 11:04

Reference No.
10209296

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Daytime Telephone Number

E-mail Address

Address [REDACTED]

[REDACTED]

City GREENVILLE

State TN

Zip Code [REDACTED]

Evening Telephone Number

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
1P4GH54R0NX [REDACTED]

Make PLYMOUTH Model VOYAGER Model Year 1992

Date Purchased
01-OCT-96

Dealer's Name and Telephone Number
Greenville Plymouth out of business

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City State Zip Code
Greenville TN 37242

Transmission Type AUTOMATIC
 Antilock Brakes
 Cruise Control
 Powertrain FRONT WHEEL DRIVE

Vehicle Component Code
036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-NOV-2007
 Failure Mileage 70000
 Failure Speed 15

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: DOTM19ABC036) 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 Yes No Fire Yes No
 Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

TL*THE CONTACT OWNS A 1992 PLYMOUTH VOYAGER. WHILE DRIVING 15 MPH UPHILL, THE BRAKE PEDAL EXTENDED TO THE FLOOR WHEN IT WAS DEPRESSED. THE VEHICLE FINALLY CAME TO A STOP 5 SECONDS LATER. THE ABS AND BRAKE WARNING INDICATOR LIGHTS ILLUMINATED. THE REPAIR SHOP STATED THAT THE MASTER CYLINDER WAS LEAKING FLUID. THE CURRENT AND FAILURE MILEAGES WERE 70,000.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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