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 ☐
14-JUL-2015 SEP 22 2015	Reference No. 10734021

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City RIVERSIDE	State CA	Zip Cod	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2P4GP4536TR	PLYMOUTH	VOYAGER	1996

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
Jan/2010	Individual Seller	No: Cylinders 6	Unleaded
Original Owner ☐	Dealer's City / State / Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: Radiator Fan Relay & Transmission	Incident Date(s) 03-JUN-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage 170000	Failure Speed

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	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).

TL* THE CONTACT OWNS A 1996 PLYMOUTH VOYAGER. WHEN STARTING THE VEHICLE, THERE WAS AN ABNORMAL SNAPPING NOISE HEARD FROM THE VEHICLE. THE CONTACT SHIFTED INTO DRIVE; HOWEVER, THE VEHICLE WOULD NOT MOVE FORWARD. WHEN THE SHIFTER WAS PLACED IN REVERSE, THE VEHICLE WOULD ONLY MOVE BACKWARDS BUT NOT FORWARD. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS CONTACTED AND ADVISED THE CONTACT TO TAKE THE VEHICLE INTO THE DEALER FOR AN ESTIMATE. THE DEALER ADVISED THE CONTACT THAT THEY COULD NOT DIAGNOSE THE VEHICLE OVER THE PHONE AND WOULD NEED TO INSPECT THE VEHICLE TO DETERMINE THE EXACT CAUSE OF THE FAILURE. THE FAILURE MILEAGE WAS 170,000.

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.

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