

POSTED COPY

**DOT Auto Safety Hotline
Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS**
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

FOR AGENCY USE ONLY

Date Received

Od_or _____
ri_dt _____
od_rt _____
up_ltr _____

RECEIVED
APR 23 PM 3:00
OFFICE OF DEFECTS INVESTIGATION

Reference No.

565330

OWNER INFORMATION (Type or Print)

APR 20 2002

Apt. No.

Business 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 03/20/02

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>2B4GP44R0UR259737</u>		Make <u>Dodge</u>	Model <u>CR CRAYAN</u>	Year <u>1997</u>
Purchased Date <u>3/3/97</u>	Dealer's Name <u>Thomas Dodge</u>		Engine Size (C/D/C/L) <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Orlando Park</u>	State <u>Fl.</u>	Zip Code <u>32862</u>	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar) <u>N/A</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driver-side Air Bag <input type="checkbox"/> Murtbell <input checked="" type="checkbox"/> Passenger-side Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>3 Dr.</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)
11/10/01 - The Driver had just pushed van at end of work day & came in office to punch out - driver forgot to bring paper work in - went back to the van and it was smoking under the hood - I called 911 and the Fire Department responded but the van was (motor area) was burned badly - The vehicle was totaled out. Driver was treated for smoke inhalation at Emergency Room & Doctor's office follow ups

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.