



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

# Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

### FOR AGENCY USE ONLY 336

Date Received

10-DEC-2001

Od\_or

rt\_dt

pd\_rt

rp\_lr

Reference No.

8000482

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

|                                                                                                     |                                                             |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              |                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of<br/>windshield and driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| 1FACP37X7LK108823                                                                                   |                                                             | FORD                                                                                                                                                                                                         | TEMPO                                                                  | 1990                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                       | Dealer's Name _____                                         |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                              | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Transmission Type                                                                                   | Antilock Brakes                                             | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                     |                                                             |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                      |
|                                                                                                     |                                                             |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                                   |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                                   |                                                                                                     |                                                                                                                                          |                                                                                            |
|-----------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Component<br>03200000<br>09006000 | Part Name(s)<br>BRAKES:HYDRAULIC SYSTEM<br>LIGHTING:GENERAL OR UNKNOWN COMPONENT:BRAKE LIGHT:       | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                     | Dates of Failure(s) 06-DEC-2001<br>Mileage at Failure(s) 78000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|                                                                   |                                                                  |                           |                      |                          |                                                                                |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE AT A STOP SIGN ANOTHER DRIVER PULLED ALONG SIDE OF CONSUMER AND STATED THAT BRAKE LIGHTS WERE OUT. CONSUMER PRESSED BRAKE PEDAL, AND PEDAL WENT TO THE FLOOR. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

COPIES OF THIS FORM ARE:

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 to 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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### FOR AGENCY USE ONLY 1058

Date Received

04-APR-2000

Od\_or

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Reference No.

8000482

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

|                                                                                                                                                                                                                                                                                |                                                                                               |                                                                                                                                                                                                                                      |                                                                                              |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Locate at bottom of<br/>windshield or door frame)</small><br><b>2B4FP2537TR</b>                                                                                                                                                            | Vehicle Make<br><b>DODGE TRUCK</b>                                                            | Vehicle Model<br><b>CARAVAN</b>                                                                                                                                                                                                      | Vehicle Year<br><b>1996</b>                                                                  | Current Odometer Reading                                                                                                                     |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                     | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L <b>6 CYL</b> )<br>No Cylinders _____                                | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                      | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       |
| Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |                                                                                               | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                      |                                                                                              |                                                                                                                                              |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                                                                                                   |                                                                                                                                          |                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>05100000</b> | Part Name(s)<br><b>ENGINE</b>                                                                                     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br><b>1</b>    | Dates of Failure(s) <b>03-APR-2000</b><br>Mileage at Failure(s) <b>80000</b><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

|                                                                       |                                                                                 |                           |                      |                          |                                                                                               |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------|
| Crash<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------|

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**CONSUMER WAS STOPPED ALONG SIDE OF THE ROAD WHEN HE SAW SMOKE COMING FROM UNDER THE HOOD, CLAIM 11-3444-113. \*SLC**

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NUMBER

8000482

CHANGED

TO

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