



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** 758

Date Received

10-DEC-2001

Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 pd\_rt \_\_\_\_\_  
 rp\_lr \_\_\_\_\_

Reference No.

8000526

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) <small>(Location at bottom of windshield and driver's door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1P4GK54R4PX689861	PLYMOUTH TRUC	GRAND VOYAGE	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

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

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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
No of Failure	Dates of Failure(s) 01-NOV-2000 Mileage at Failure(s) 109000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**ABS SYSTEM DOES NOT OPERATE AS IT SHOULD IN ICE AND SNOW. PEDAL FEELS NORMAL, VEHICLE TAKEN TO DEALER NUMEROUS TIMES, INSISTS ABS IS WORKING PROPERLY. PLEASE ADD FURTHER DETAILS.\*AK**

COPIED FROM NHTSA FORM 101

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.



U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**Vehicle Owner's Questionnaire (VOQ)**  
 NATIONWIDE 1-888-DASH-2-DOT  
 Reference No. 8000526

**OWNER INFORMATION (Type or Print)**  
 Signature of Owner  
 Date Rec'd: 11/15/2001  
 Home Number: 729885

**VEHICLE INFORMATION**  
 Vehicle Ident. No. (VIN): 1P4GK54R4P6898B1  
 Vehicle Year: 1993  
 Vehicle Make: PLYMOUTH TRUC  
 Vehicle Model: GRAND VOYAGE  
 Current Odometer Reading: 11000

**VEHICLE INFORMATION**  
 Purchase Date: March 7 1996  
 Dealers Name: Frontier Chrysler Ltd.  
 City, State, B.C., Zip Code: Y0J 2N0

**VEHICLE INFORMATION**  
 Transmits on Type: Antilock Brakes, Restraint System  
 Cruise Control: No  
 Drive Type: 4-Wheel All  
 Vehicle Type: Van

**VEHICLE INFORMATION**  
 Restraint System: 3-Point Belt, Motorized  
 Airbag: Driver's Side Airbag, Passenger's Side Airbag  
 Body Style: 2-Door, 4-Door, Station Wagon, Truck, Pick Up, Van

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component: 03250000  
 Part Name(s): BRAKES; HYDRAULIC; ANTI-SKID SYSTEM  
 Location: Front, Rear, Left, Right  
 Failed Part(s): Original, Replacement

**VEHICLE INFORMATION**  
 No. of Failures: 1  
 Date(s) of Failure(s): 1998-1999  
 Mileage at Failure(s): 59000  
 Vehicle Speed at Failure(s): All speeds during

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crash(es), and injury (s) on the back of this form)  
 Reported to Police: Yes  No

**VEHICLE INFORMATION**  
 Crash: Yes  No   
 Fire: Yes  No   
 Number of Persons Injured: \_\_\_\_\_  
 Number of Fatalities: \_\_\_\_\_  
 Estimated Property Damage: \_\_\_\_\_

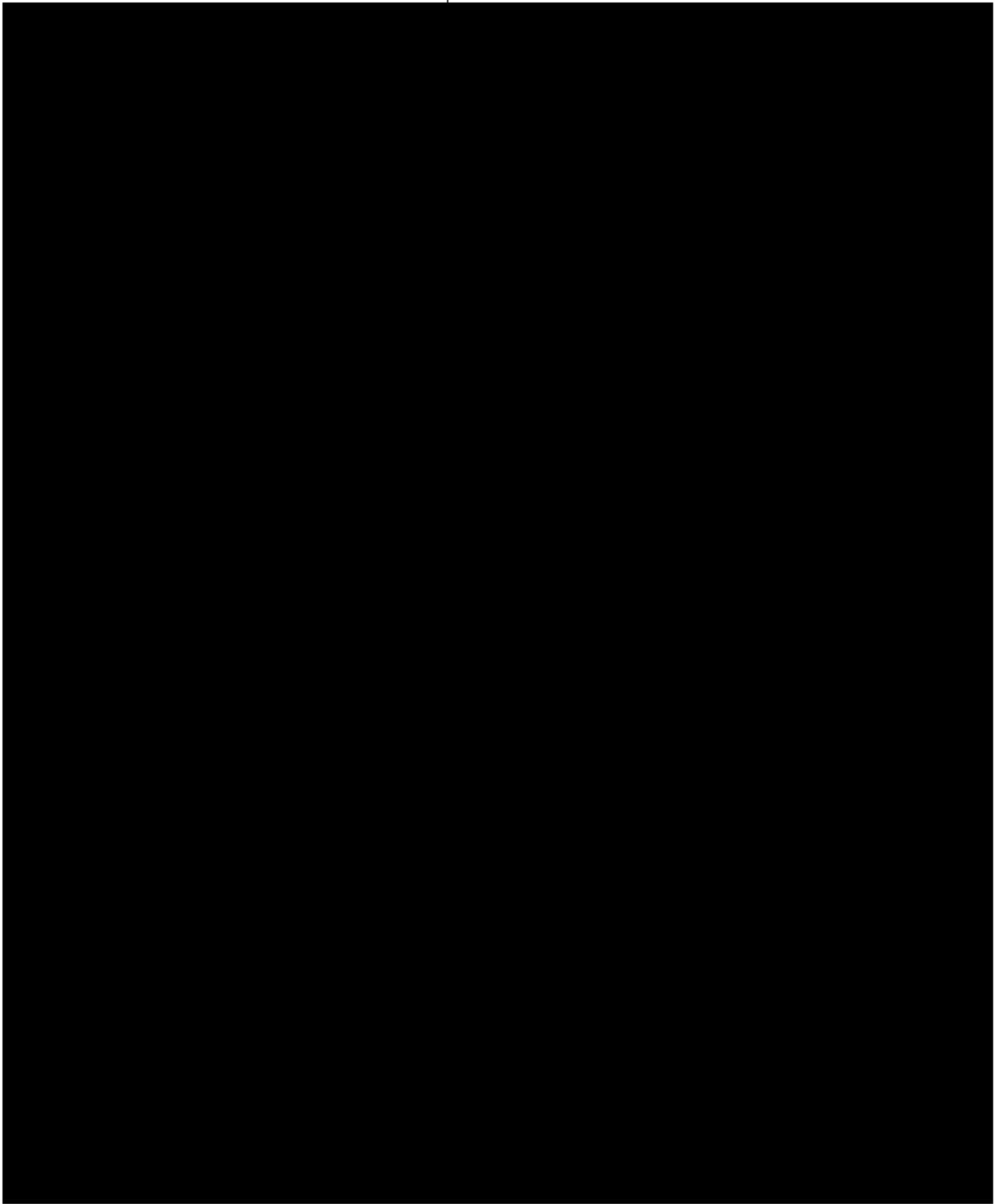
**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**  
 ABS SYSTEM DOES NOT OPERATE AS IT SHOULD IN ICE AND SNOW. PEDAL FEELS HARD. VEHICLE TAKEN TO DEALER NUMEROUS TIMES. INSISTS ABS IS WORKING PROPERLY. PLEASE ADD FURTHER DETAILS. \*  
 \* VEHICLE WILL NOT STOP!!!

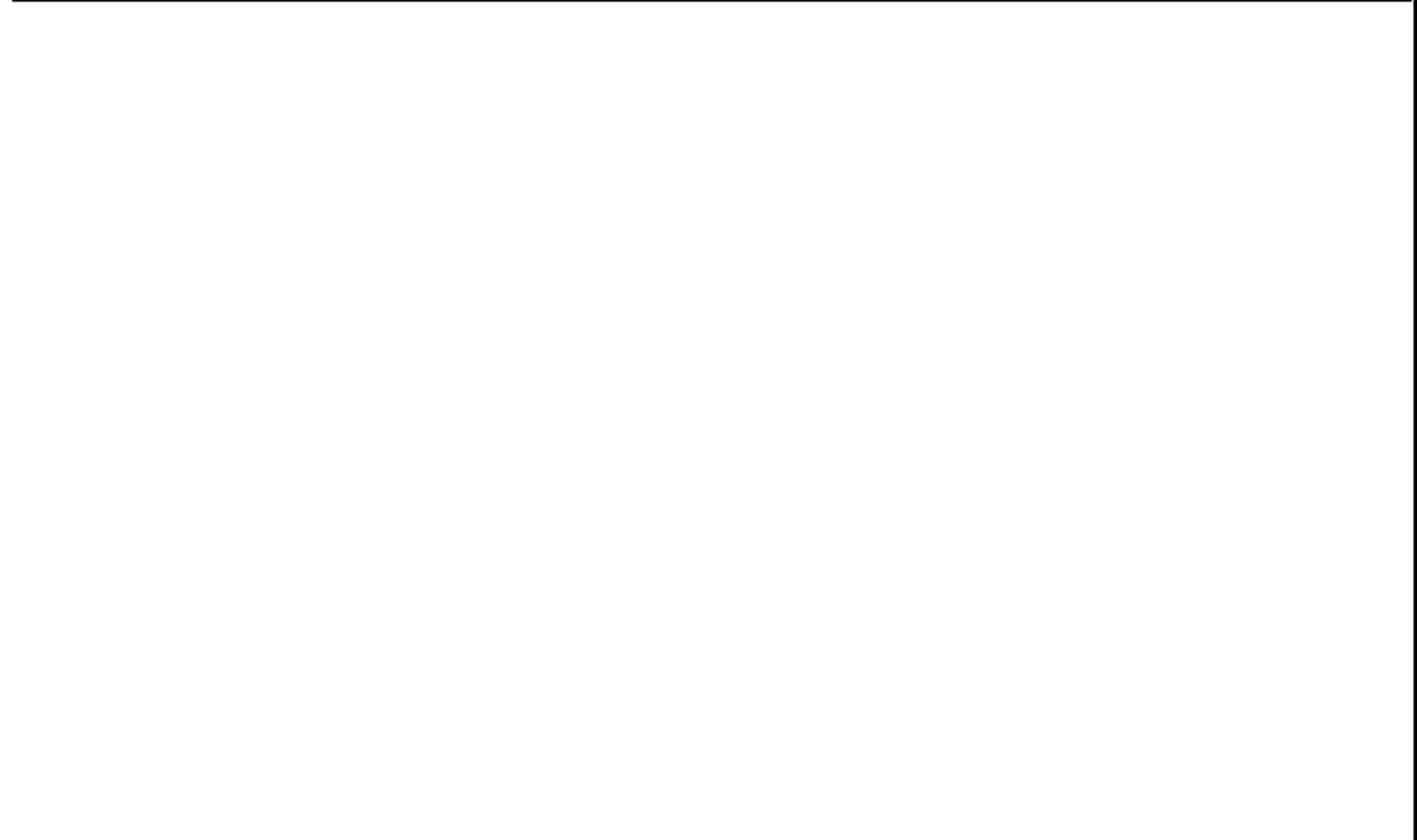
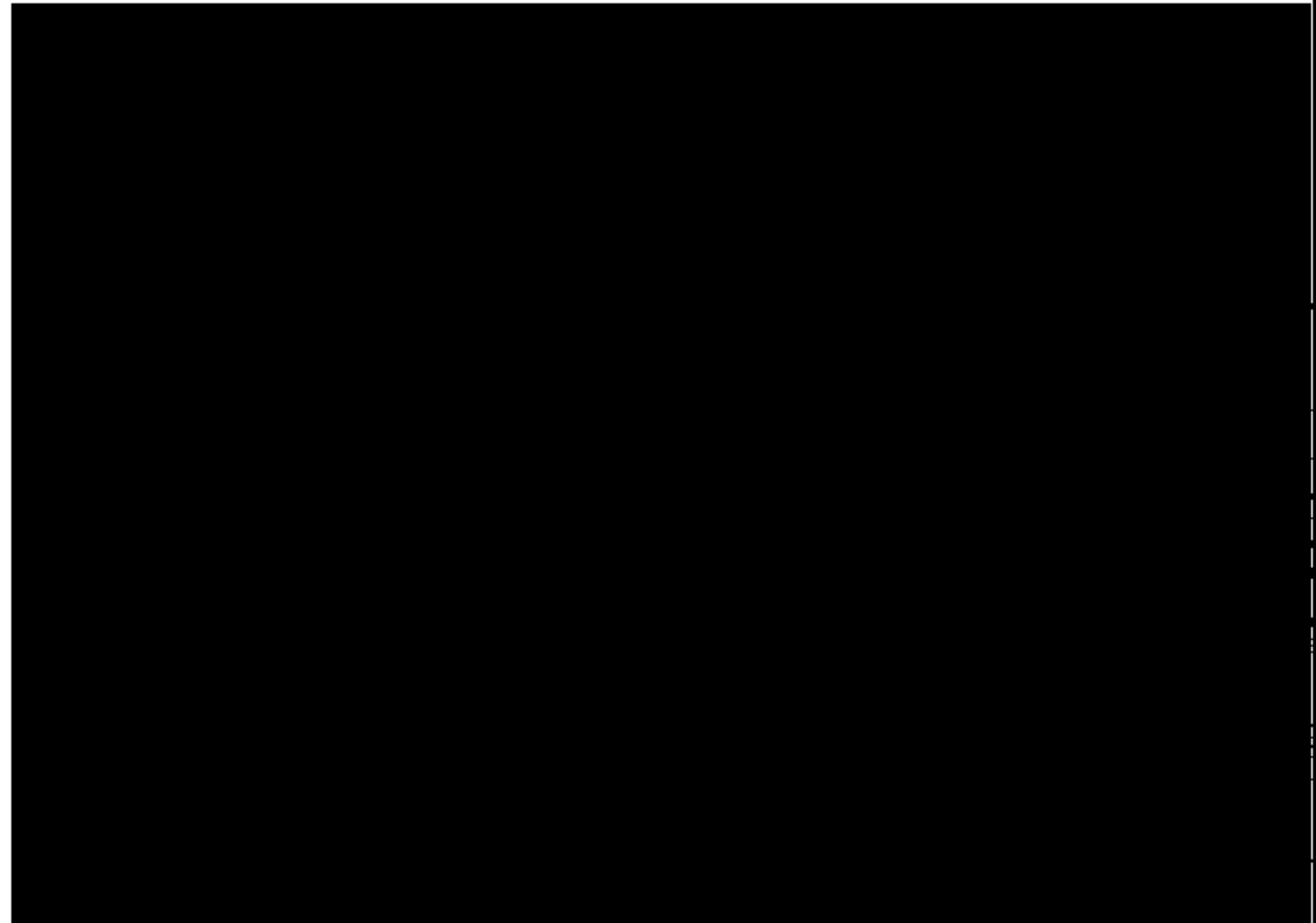
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

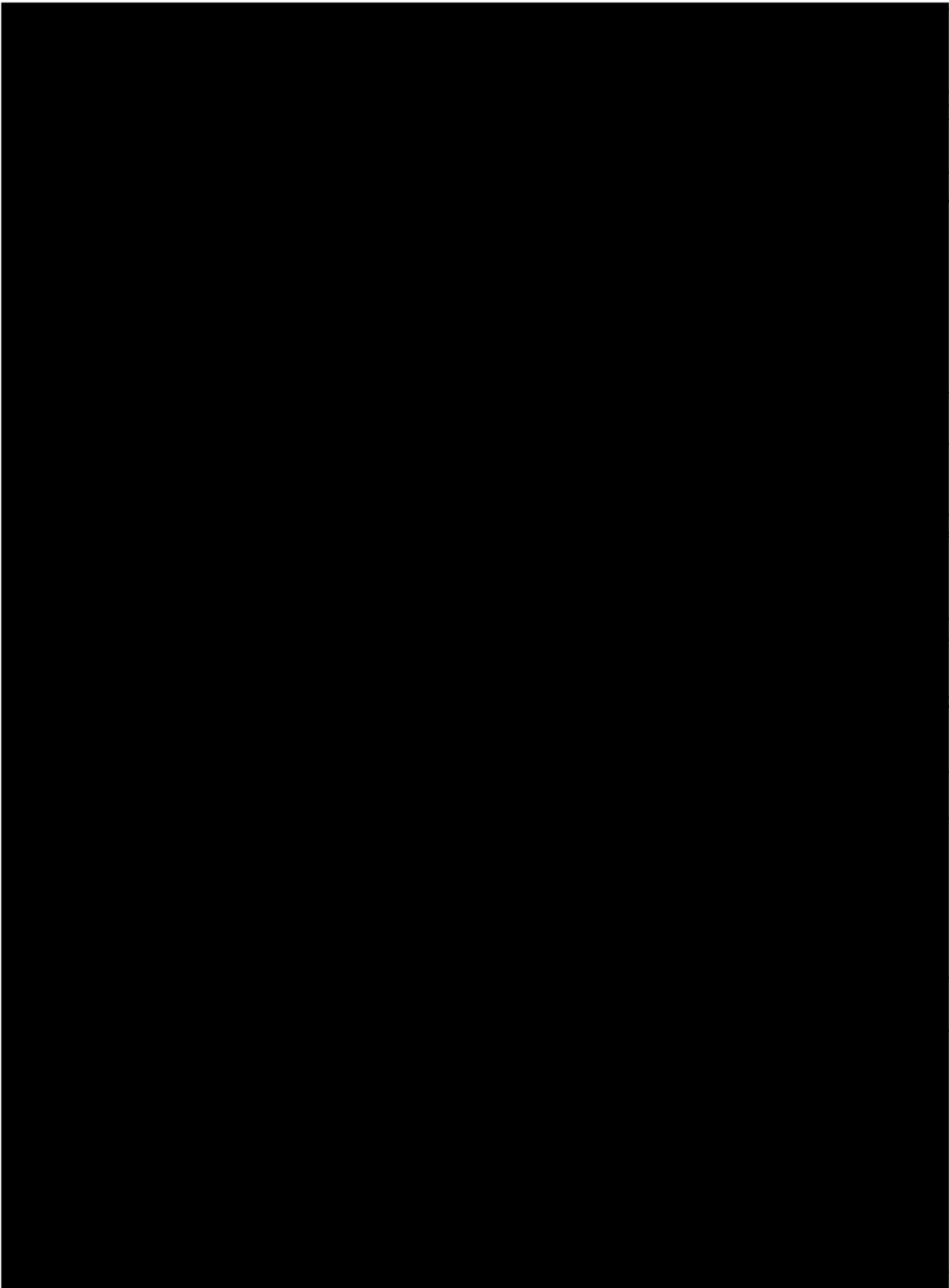
CONTINUE ON BACK IF NEEDED

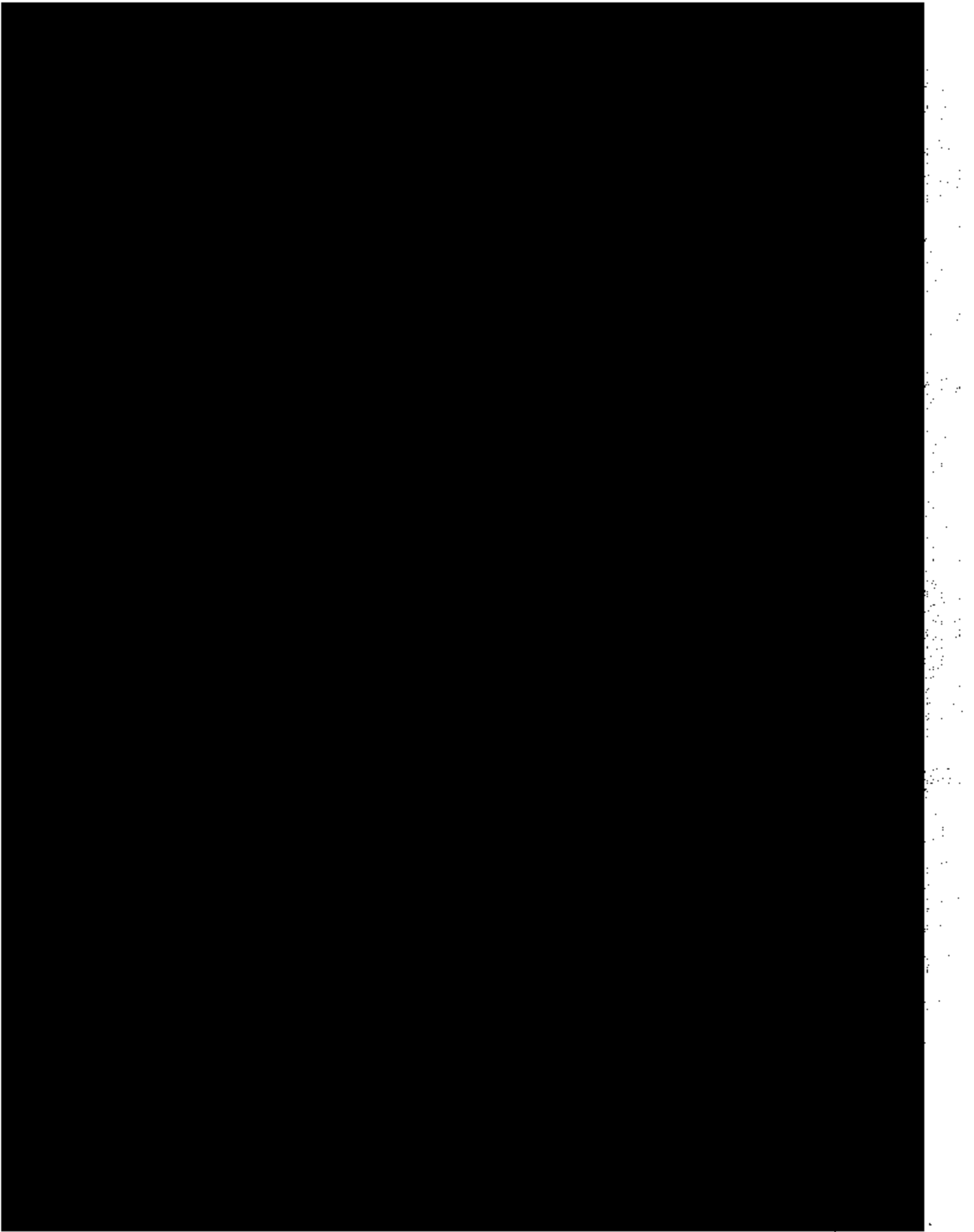
**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. § 552(b)(6)**

**(Page 1 through Page 5)**











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Date Received

20-MAR-2000

Ord. or

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Reference No.

8000526

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Signature of Owner \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2B4GP44G1XR	DODGE TRUCK	GRAND CARAVA	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input 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 type="checkbox"/> Other _____

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

Component 05100000	Part Name(s) ENGINE	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
No of Failure 1	Dates of Failure(s) 20-MAR-2000 Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

VEHICLE EXPERIENCED ENGINE FIRE, CLAIM 59-V431-848. \*SLC

COPIES OF THIS FORM ARE:

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**NUMBER**

8000528

**CHANGED**

**TO**

6900673