

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)****NATIONWIDE 1-888-DASH-2-DOT****1-888-327-4236****www.nhtsa.dot.gov/hotline****FOR AGENCY USE ONLY****258**

Date Received

**20-AUG-2000**

Od\_or \_\_\_\_\_

rt\_dt \_\_\_\_\_

od\_rt \_\_\_\_\_

up\_ltr \_\_\_\_\_

Reference No.

**728511**

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>(located at front of vehicle or on driver's side)</small> | Vehicle Make       | Vehicle Model  | Vehicle Year | Current Odometer Reading |
| <b>2B4FP2530TR576263</b>                                                                   | <b>DODGE TRUCK</b> | <b>CARAVAN</b> | <b>1996</b>  |                          |

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

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

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

|                              |                                                                                               |                                                              |                                                          |
|------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| Component<br><b>05100000</b> | Part Name(s)<br><b>ENGINE</b>                                                                 | Location                                                     | Failed Part(s)                                           |
|                              |                                                                                               | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Original                        |
|                              |                                                                                               | <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Replacement                     |
| No. of Failures              | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?                                    | NHTSA Previously Contacted?                              |
|                              |                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No     | <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                                                    | Fire                                                     | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police                                       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                      |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

WHEN WE ARE DRIVING THE VAN JUST SHUTS OFF THIS HAS BEEN HAPPENING SINCE APPROX 1 YEAR FROM DATE OF PURCHASE AFTER THE STEERING COLUMN WAS RECALLED AND REPLACED. IT IS HAPPENING MORE OFTEN AND THE OTHER DAY I WAS DRIVING ON THE FREEWAY AND IT JUST STOPPED ALL POWER IS LOST. WE HAVE HAD THE VAN BACK TO THE DEALER NUMEROUS TIMES WITH NO AVAIL NOW I AM AFRAID SOMEBODY IT GOING TO GET INJURED OR KILLED IT HAS BEEN EXTREMELY DANGEROUS. WE HAVE TWO CHILDREN AND THIS IS OUR PRIME TRANSPORTATION AND WE DO NOT FEEL COMFORTABLE WITH OUR CHILDRENS SAFETY. I WOULD LIKE THIS TAKEN CARE OF AS SOON AS POSSIBLE BEFORE SOMEONE IS HURT OR KILLED

CONTINUE ON BACK IF NEEDED

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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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|                                                                                         |              |               |              |                          |
|-----------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2B4FP2530TR576263                                                                       | DODGE TRUCK  | CARAVAN       | 1996         |                          |

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<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<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 checked="" type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05100000 | Part Name(s)<br>ENGINE                                                                          | 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 Failures        | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<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 Damage | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|---------------------------|--------------------------------------------------------------------------------|

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

WHEN WE ARE DRIVING THE VAN JUST SHUTS OFF THIS HAS BEEN HAPPENING SINCE APPROX 1 YEAR FROM DATE OF PURCHASE AFTER THE STEERING COLUMN WAS RECALLED AND REPLACED. IT IS HAPPENING MORE OFTEN AND THE OTHER DAY I WAS DRIVING ON THE FREEWAY AND IT JUST STOPPED ALL POWER IS LOST. WE HAVE HAD THE VAN BACK TO THE DEALER NUMEROUS TIMES WITH NO AVAIL NOW I AM AFRAID SOMEBODY IS GOING TO GET INJURED OR KILLED IT HAS BEEN EXTREMELY DANGEROUS. WE HAVE TWO CHILDREN AND THIS IS OUR PRIME TRANSPORTATION AND WE DO NOT FEEL COMFORTABLE WITH OUR CHILDRENS SAFETY. I WOULD LIKE THIS TAKEN CARE OF AS SOON AS POSSIBLE BEFORE SOMEONE IS HURT OR KILLED

CONTINUED ON BACK (REVERSE)

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