Form Approved: OMB No. 2127-0042

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 258 | |
|---|---|
| Date Received<br>11-MAR-2001 | Od_or<br>rt_dt<br>od_rt<br>np_ltr |
| | Reference No.<br>742246 |

[redacted]

*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.) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1P4GH44RXMX614084 | PLYMOUTH TRUC | GRAND VOYAGE | 1991 | |

| Purchase Dat | | | |
|---|---|---|---|
| 01-APR-2097<br>☐ New ☒ Used | Dealer's Name_____<br>City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L _____<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☒ Fuel Injectio |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt ☐ Motorbelt<br>☒ Driverside Airbag ☐ 2-Point Bel<br>☐ Passengerside Airbag | ☒ Yes<br>☐ No | ☒ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car ☐ Sport Ult<br>☒ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other_____ | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 12112200<br>12200000 | INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D<br>INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND I | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Date(s) of Failure(s) / Mileage at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 25-FEB-2001<br>144000<br>25 | ☐ Yes ☐ No | ☐ Yes ☐ 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 Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☒ No | 1 | 0 | | ☒ Yes ☐ No |

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

**ON 2/25/01, MY 16 YR. OLD DAUGHTER WAS TRAVELING ON A DIRT ROAD AT A SPEED OF APPROX. 25MPH AND HIT AN ICEY SPOT. SHE LOST CONTROL OF THE VEHICLE. THE DRIVERS SIDE DOOR AND DRIVERS SIDE FRONT SUSTAINED DAMAGE AS DID THE PASSENGER SIDE FRONT AND SIDE. SHE WAS SEATBELTED IN9 THERE WERE BRUISES ON HER CHEST AND NECK FROM THE SEATBELT. THE AIRBAG DID NOT DEPLOY AND THE SEATBELT SOMEHOW RELEASED AND SHE WAS FOUND ON THE SIDE OF THE ROAD. SHE FRACURED 7 VERTEBRAE IN HER BACK, LEFT FACIAL BONE FRACTURES, SMALL FRACURE TO THE RIGHT FACE,& BILATERAL PNEMOTHORACES. AND A CLOSED HEAD INJURY. SHE HAD TO HAVE SURGERY ON HER BACK TO CORRECT THE INJURIES, AND WILL NOT BE ABLE TO RETURN TO SCHOOL FOR AT LEAST 6 WEEKS. I AM QUESTIONING WHY THE AIRBAG DID NOT DEPLOY AND WHY THE SEAT BELT**

CONTINUE ON A SEPARATE SHEET