Form Approved: O.M.B. No. 2127-0002

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: **18-JUL-2001**

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. **748673**

[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
2P4FP2537VR409593	PLYMOUTH TRUC	VOYAGER	1997	

Purchase Dat: **01-AUG-1997** ☒ New ☐ Used

Dealer's Name__________ City__________ State________ Zip Code__________

Engine Size (CID/CC/L 3.0L
No Cylinders _______
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06130000	FUEL:FUEL LINES FITTINGS AND PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s): 22-MAY-2001 114000 Mileage at Failure(s): 0	☐ 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	0	0		☐ Yes ☒ No

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

OUR VAN FUEL PUMP / FUEL LINE FAILED AT OR NEAR THE GAS TANK. WHILE DRIVING, MY WIFE NOTICED A SMELL (WHICH TURNED OUT TO BE FUEL). I MET HER, AND TO MY SHOCK, THE VEHICLE WAS ENVELOPED IN GASOLINE FUMES !! WE ABANDONED THE VEHICLE IMMEDIATELY, DUE TO OBVIOUS CONCERNS OF FUMES COMBUSTION. WE CONTACTED A TOW TRUCK, HAD THE VAN TOWED TO A REPAIR SHOP WHICH HAPPENED TO BE WITHIN 2 MILES, AND HAD REPAIRS MADE. AT THE SHOP, THEY WOULD NOT PULL THE VEHICLE INTO THE GARAGE BECAUSE THE UNDERSIDE WAS SOAKED IN GASOLINE ! THEY REPLACED THE FUEL PUMP / LINE ASSEMBLY. I AM CONTACTING NHTSA AT THIS POINT DUE TO AN ARTICLE IN THE DETROIT NEWS (JULY 18, 2001)WHICH INDICATES THIS FAILURE MIGHT BE A KNOWN/RECURRING PROBLEM. SINCE I SAW MY WIFE SITTING ON THE SIDE OF THE ROAD IN A VAN

CONTINUE ON BACK IF NEEDED