



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 936**

Date Received

03-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8001418

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP54L9TB126343	DODGE TRUCK	GRAND CARAVA	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 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 08100000	Part Name(s) FUEL:FUEL SYSTEMS	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) 03-JAN-2001 Mileage at Failure(s) 74000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERES IS A GAS SMELL ON THE INSIDE OF VEHICLE. . CONSUMER FEELS THIS IS DANGEROUS BECAUSE GAS IS LEAKING ALL OVER ENGINE AND COULD CATCH ON FIRE. CONSUMER THERE IS A RECALL FOR FUEL RAIL, BUT CONSUMER HAS YET TO CONTACT THE DEALER. 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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p style="text-align: center;">NAT ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY 335</b></p> <p>Date Received: <u>03-JAN-2002</u></p> <p>Office: <u>INVESTIGATION</u></p> <p>Reference No.: <u>6001418</u></p>
OWNER INFORMATION (Type or Print)	
[Redacted Owner Information]	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of your signature, please provide name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 1/29/02

VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at front windshield or door sills)</small> <b>1B4GP54L9TB126343</b>	Vehicle Make <b>DODGE TRUCK</b>	Vehicle Model <b>GRAND CARAVA</b>	Vehicle Year <b>1996</b>
Purchase Date <b>8-25-99</b>		Current Odometer Reading <b>84,300</b>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>C/M C Motors Inc</u>		Engine Size (CID/CC/L) <u>3.8</u>
City <u>Brookpark</u> State <u>Sh</u> Zip Code <u>44142</u>		No. Cylinders <u>6</u>	
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 checked="" type="checkbox"/> 3-point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front Wheel <input type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" 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

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>06100000</b>	Part Name(s) <b>FUEL: FUEL SYSTEMS Fuel rail + Related components</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>03-JAN-2002</u> Mileage at Failure(s) <u>74000</u> Vehicle Spoc at Failure(s) _____	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

THERES IS A GAS SMELL ON THE INSIDE OF VEHICLE. . CONSUMER FEELS THIS IS DANGEROUS BECAUSE GAS IS LEAKING ALL OVER ENGINE AND COULD CATCH ON FIRE. CONSUMER THERE IS A RECALL FOR FUEL RAIL, BUT CONSUMER HAS YET TO CONTACT THE DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

*customer asked dealership about recall several times and read newspaper recall - said they would check or I would be notified - never was / said its recall*

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T 3 0 2 A L 3 W 0 7 0 0

MANUFACTURER/TIRE NAME

Bridgestone Turanza T 7

SIZE

P 215 CSR16

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Road Trip w/ family Ohio to Alabama - Return trip Rest area strong smell of gas - lifted hood saw fuel dripping at a fast pace down U valve covers & exhaust pipes fuel was all over engine had to have towed - stranded in town 4 days Took plastic cover off engine gas leaking at both sides of fuel rail, it have smelled gas in the part off and on.

U.S. G.P.O. 1992 - R23-897 / 6-286

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

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
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Washington, DC 20590

