



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 241**

Date Received

07-JAN-2002

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

Reference No.

8001665

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		
PLEASE FILL IN	PLYMOUTH	SUNDANCE	1990			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 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 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK 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) 24-DEC-2001 Mileage at Failure(s) 48000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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)

VEHICLE WAS LEFT PARKED OUT OF GEAR AND REMOVED KEY FROM THE IGNITION SWITCH; CONDITION CAUSES VEHICLE TO ROLL BACKWARD INTO A NEIGHBOR DRIVEWAY WALL. DEALER/MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

COPIED FROM NHTSA FILE # 07-0001

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236</p> <p>www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 241</p>	
	<p>02 FEB 21 07 JAN 2002</p> <p>DEFECT</p>	<p>Defect Received</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>	<p>Reference No. <b>8001665</b></p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] <b>732316</b></p>		<p>Work: Num [Redacted]</p> <p>Home: Num [Redacted]</p>	

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: [Redacted] Date: 1/28/02

<p>Vehicle Ident. No. (VIN) (Looked at bottom of windshield on driver's side) <b>1P3XP44021N22013</b></p>		<p>Vehicle Make <b>PLYMOUTH</b></p>	<p>Vehicle Model <b>SUNDANCE</b></p>	<p>Vehicle Year <b>1990</b></p>	<p>Current Odometer Reading <b>52,667</b></p>
<p>Purchase Date <b>2/1/99</b></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <b>CENTURY #1 USED CARS</b> <b>WEST WILFORD LEBANON PA</b></p> <p>City <b>WV</b> State <b>PA</b> Zip Code <b>15122</b></p>		<p>Engine Size (CID/CC/L) <b>4</b></p> <p>No. Cylinders <b>4</b></p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p>Body Style <input type="checkbox"/> Sport Utility 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</p>

<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component <b>07301000</b></p>	<p>Part Name(s) <b>POWER TRAIN:AUTOMATIC:INTERLOCK SYSTE</b></p>	<p>Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures <b>1</b></p>	<p>Date(s) of Failure(s) <b>24-DEC-2001</b></p> <p>Mileage at Failure(s) <b>48000</b></p> <p>Vehicle Speed at Failure(s) <b>0</b></p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

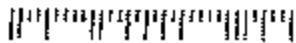
<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>			
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <b>0</b></p>	<p>Number of Fatalities <b>0</b></p>
<p>Estimated Property Damage <b>+0 CAR</b> <b>2000.00</b></p>		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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

VEHICLE WAS LEFT PARKED OUT OF GEAR AND REMOVED KEY FROM THE IGNITION SWITCH; CONDITION CAUSES VEHICLE TO ROLL BACKWARD INTO A NEIGHBOR DRIVELWAY WALL. DEALER/MANUFACTURER WERE NOTIFIED, FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*AK

*FORWARDED*

CONTINUE ON BACK IF NEEDED



U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



ROBERT MORRIS UNIVERSITY

U.S. GPO: 1992 - 525-927 / 50000

I SAUC THE CAR OFF. I FORGOT TO PUT  
 THE GEAR IN PARK. WENT IN THE HOUSE. WHEN  
 I CAME BACK OUT THE CAR DRIFTED DOWN THE  
 SCREE INTO A NEIGHBORS WALL.  
 MY QUESTION: WHY DID THE KEY COME OUT  
 OF THE IGNITION ~~WHEN~~ WHEN THE CAR  
 WASN'T IN PARK.

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
THE IDENTIFICATION NO.:									
D	0	1							
SIZE		MANUFACTURER/TIRE NAME							
* 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 sidewall or on either side of a blackwall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									