



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 1362

Date Received

07-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001680

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 windshield and driver's side)</small>	Vehicle Make DODGE	Vehicle Model SHADOW	Vehicle Year 1989	Current Odometer Reading		
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 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 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	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) _____ Mileage at Failure(s) _____ 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)

WHILE DRIVING AND LIGHTLY TAPPING ON BRAKES SHOULDER RESTRAINT HAS FORCEFULLY PULLED HER BACK/ LOCKS AND DOES NOT RELEASE UNTIL ENGINE IS TURNED OFF. CONSUMER FEELS THAT THIS IS A HAZARD. *AK

CONTINUED ON REVERSE

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>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1362</p> <p>Date Received: <u>Jan 12 2002</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p> <p>Od_or: _____ rt_dt: _____ od_rt: _____ up_itr: _____</p> <p>Reference No.: 8001680</p>
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<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 32343</p>	<p>Work Number: _____</p> <p>Home Number: _____</p>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? Yes No

In the absence of an authorized signature, NHTSA will use the name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 12 Feb 02

<p>Vehicle Ident. No. (VIN) <u>1B3AP28R7AN214325</u></p>	<p>Vehicle Make DODGE</p>	<p>Vehicle Model SHADOW</p>	<p>Vehicle Year 1989</p>	<p>Current Odometer Reading 97485</p>		
<p>Purchase Date APR 1989</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>Davey Barber Dodge</u></p> <p>City <u>Scottsboro</u> State <u>AL</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders <u>4</u></p>	<p><input type="checkbox"/> Turbo Diesel Fuel Injecto</p> <p><input checked="" type="checkbox"/> Gas</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>

1 FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component 12250000</p>	<p>Part Name(s) INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT BUCKLES</p> <p><u>customer lost summer</u></p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>
<p>No. of Failures 4</p>	<p>Date(s) of Failure(s): <u>three times in Nov 2001</u></p> <p>Mileage at Failure(s): <u>46,500</u></p> <p>Vehicle Speed at Failure(s): <u>25 mph</u></p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p><u>none</u></p>	<p>Number of Fatalities</p> <p><u>none</u></p>	<p>Estimated Property Damage</p> <p><u>none</u></p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

WHILE DRIVING AND LIGHTLY TAPPING ON BRAKES SHOULDER RESTRAINT HAS FORCEFULLY PULLED HER BACK/ LOCKS AND DOES NOT RELEASE UNTIL ENGINE IS TURNED OFF. CONSUMER FEELS THAT THIS IS A HAZARD. *AK

CONTINUE ON BACK IF NEEDED

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