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 336

Date Received: 09-JAN-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 8001831

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2P4FH4531LR601579	PLYMOUTH TRUC	VOYAGER	1990	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

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
12240000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 17801	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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				☐ Yes ☐ No

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

FRONT PASSENGER'S AND DRIVER'S LAP AND SHOULDER BELTS WILL NOT RETRACT. CONSUMER HAS CONTACTED DEALER. *AK

CONTINUED ON REVERSE

Form Approved: O M B. No. 2127-0006

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 01-JAN-2002

DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8001831

OWNER INFORMATION (Type or Print)

[redacted] 732970

Work Numb [redacted]

Home Numb

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an [redacted] *our name and address to the vehicle manufacturer.* ☐ YES ☐ NO

Signature of Owner [redacted] Date 1/22/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2P4FH4531LR601579	PLYMOUTH TRUC	VOYAGER	1990	

Purchase Date 3/9/91 ☐ New ☒ Used

Dealer's Name Chrysler Plymouth Rockland Auto Plaza

City Orangeburg State N.Y. Zip Code 10962

Engine Siz (CID/CC/L) No Cylinders 6 ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injecto

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12240000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	☒ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacemen

No of Failures 2

Date(s) of Failure(s) 3/12/01 to Present

Mileage at Failure(s) 17801

Vehicle Speed at Failure(s)

Failed Part(s) ☒ Yes ☐ No

NHTSA Previously ☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s). Crash(es), and Injury(s) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

FRONT PASSENGER'S AND DRIVER'S LAP AND SHOULDER BELTS WILL NOT RETRACT. CONSUMER HAS CONTACTED DEALER. AK

CONTINUE ON BACK IF NEEDED

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 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.