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 436

Date Received: 10-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8001908

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2C4GJ2530YR734701	CHRYSLER TRUC	VOYAGER	2000	

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 Utl ☒ 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)
06400000 07300000	FUEL:THROTTLE LINKAGES AND CONTROL POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	18-DEC-2001	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 15399		
	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)

VEHICLE WAS IN DRIVE WHEN IT SLIPPED INTO NEUTRAL. ALSO WHEN MAKING A RIGHT TURN GEAR SHIFTS BACK TO DRIVE, AND ONE MILE LATER LURCHED FORWARD WHILE STOPPED. DEALER WAS UNABLE TO DUPLICATE THE PROBLEM. *AK

CONTINUED ATTACHED

Form Approved: O.M.B. No. 2127-0008

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 436

Date Received
11-JAN-2002
OFFICE INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8001908

Wor: Number

Hom: Num [redacted]

OWNER INFO*MATION (Type or Print)

[redacted] 733120

Do you authorize N [redacted] in the absence of a [redacted] vehicle manufacturer. ☒ YES ☐ NO

Signature of Owner [redacted] Date 01/29/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2C4GJ2530YR734701	CHRYSLER TRUC	VOYAGER	2000	16,659

Purchase Date: 03-09-00
☒ New ☐ Used

Dealer's Name: Johnson Chrysler
City: Ft Pierce State: FL Zip Code: 34982

Engine Siz (CID/CC/L): 3.4
No Cylinders: 6

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Locat on	Failed Part(s
06400000 07300000	FUEL:THROTTLE LINKAGES AND CONTROL POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ eft ☐ Right ☐ ront ☐ Rear	☒ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s): 16-DEC-2001 Mileage at Failure(s): 15389 Vehicle Speed at Failure(s):	ailed Part(s)	NHTSA Previously
1		☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFOR*ATION

(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 Fatalities	timate Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

VEHICLE WAS IN DRIVE WHEN IT SLIPPED INTO NEUTRAL. ALSO WHEN MAKING A RIGHT TURN GEAR SHIFTS BACK TO DRIVE, AND ONE MILE LATER LURCHED FORWARD WHILE STOPPED. DEALER WAS UNABLE TO DUPLICATE THE PROBLEM. *AK

On 2 separate occasions vehicle lurched as we pulled into our driveway.

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(6)

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