



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 151

Date Received

14-JAN-2002

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

Reference No.

8002109

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>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	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 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 checked="" 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 REAR ENDED ANOTHER VEHICLE AT 30-35MPH AND DRIVER'S SEAT BELT CAME UNBUCKLED DURING IMPACT. SEAT BELT RETRACTED AND WAS CAUGHT AROUND PASSENGER'S NECK. CHRYSLER HAS VEHICLE CURRENTLY.*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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOY 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 151 Received: 1-JAN-2002 OFFICE DEFECTS INVESTIGATION Reference No. 8002109	
OWNER INFORMATION (Type or Print) [Redacted] 733684		Vehicle Number: [Redacted] Home Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, provide your name and address to the manufacturer. Signature of Owner: [Redacted]		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: 1/27/02	
VEHICLE INFORMATION			
Vehicle Identification Number (VIN) 1B4G P54L9TB107310		Vehicle Make DODGE TRUCK	
Vehicle Model GRAND CARAVA		Vehicle Year 1996	
Current Odometer Reading 73,012		Purchase Date 5-30-95	
Dealer's Name Marshal Motors		Engine Size (CID/CC/L) 3.	
City Salina State Ks Zip Code 67401		No. Cylinders _____	
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Turbo Diesel Gas Fuel Injectio	
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"/> 2-Point Belt	
Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other		Body Style: <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input checked="" 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 12250000		Part Name(s) INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT BUCKLES	
Location: <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear		Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures _____		Date(s) of Failure(s): 12-23-01	
Mileage at Failure(s): 73,012		Vehicle Speed at Failure(s): 30 mph	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Estimated Property Damage: 11,000.00	
Number of Persons Injured: 1		Number of Fatalities: 0	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE REAR ENDED ANOTHER VEHICLE AT 30-35MPH AND DRIVER'S SEAT BELT CAME UNBUCKLED DURING IMPACT. SEAT BELT RETRACTED AND WAS CAUGHT AROUND PASSENGER'S NECK. CHRYSLER HAS VEHICLE CURRENTLY. *AK <i>passenger seat belt up-front came unbuckled at impact. Air bag kept her from going into windshield.</i>			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 (Public Law 93-57) 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.			

