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** 758

Date Received: 15-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8002218

[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 |
|---|---|---|---|---|
| 1C4GP64L4WB629923 | CHRYSLER TRUC | TOWN AND COUN | 1998 | |

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) |
|---|---|---|---|
| 09500000<br>12110000<br>15300000 | COMMUNICATIONS:HORN ASSEMBLY<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG<br>EQUIPMENT:SPEED CONTROL | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 01-OCT-2001 | | |
| | Mileage at Failure(s) 59000 | ☐ 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)

AIRBAG LIGHT IS ON/ HORN, AND CRUISE CONTROL STOPPED WORKING. DEALER DETERMINED THAT CLOCKSPRING ASSEMBLY NEEDED TO BE REPLACED.*AK

CONTINUED ATTACHMENT

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 758

Date Received
03-JAN-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8002218

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

[redacted] 33806

Work Number

Hom [redacted]

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

Signature of Owner [redacted] Date 12/30/01

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1C4GP64L4WB629923 | CHRYSLER TRUC | TOWN AND COU | 1998 | |

Purchase Date

☐ New ☒ Used

Dealer's Name Tom Edwards

City Bartow State Fl Zip Code

Engine Siz CID/CC/L

No Cy inders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Tra | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manua<br>☒ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt<br>☐ Motorbelt<br>☐ Driverside Airbag<br>☐ 2-Point Bel<br>☐ Passengerside Airbag | ☒ Yes<br>☐ No | ☐ Fron<br>☐ Rear<br>☐ 4-Wh el | ☐ Car<br>☒ Van<br>☐ Minivan<br>☐ Other<br>☐ Sport Uti<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up<br>☐ Truck |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
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| 09500000<br>12110000<br>15300000 | COMMUNICATIONS:HORN ASSEMBLY<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG<br>EQUIPMENT:SPEED CONTROL | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacemen |

No of Failures

Date(s) of Failure(s) 01-OCT-2001
Mileage at Failure(s) 59000
Vehicle Speed at Failure(s)

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ Yes ☐ No

## APPLICATION INCIDENT INFOR ATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(es) 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)

AIRBAG LIGHT IS ON, HORN, AND CRUISE CONTROL STOPPED WO KING. DEALER DETERMINED THAT CLOCKSPRING ASSEMBLY NEEDED TO BE REPLACED.*AK

CONTINUE ON BACK IF NEEDED