



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: 9-JAN-2002
Reference No.: 8003031

OWNER INFORMATION (Type or Print)

736261

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of _____ and address to the vehicle manufacturer.
Signature of Owner _____ Date: 2/4/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 2B4GP44R4XR129818	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1999	Current Odometer Reading
Purchase Date	Dealer's Name Neil Buick / Dodge Buick	Engine Size (CID/CC/L) 3.8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Medford	State NJ	No. Cylinders 6	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTE	Location <input type="checkbox"/> Left front <input type="checkbox"/> Right front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 26-JAN-2002	Mileage at Failure(s) 30000	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 Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PARKED/ ENGINE RUNNING/ EMERGENCY BRAKE NOT APPLIED, CONSUMER WAS OUTSIDE OF VEHICLE WHEN HER 3 YEAR OLD SHIFTED LEVER FROM PARK TO DRIVE AND VEHICLE TOOK OFF. CONSUMER WAS ABLE TO STOP VEHICLE. NO INJURIES. AK

CONTINUE ON BACK IF NEEDED