



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** 1038

Date Received

06-FEB-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8003641

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>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP45RVB203832	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) 01-JAN-2002 Mileage at Failure(s) 58 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 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**AIRBAG LIGHT REMAINS ILLUMINATED ON DASHBOARD. DEALER STATED CLOCKSPEED MATERIAL IS THE SOURCE OF PROBLEM, PLEASE PROVIDE FURTHER DETAILS.\*AK**

CONTINUE 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		FOR AGENCY USE ONLY		038	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-POT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received: <u>06-FEB-2002</u> OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		Ud or		Reference No.	
[Redacted]		[Redacted]		8003641	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
Signature of Owner		Date		2/18/02	
<b>VEHICLE INFORMATION</b>					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B4GP45RVB203832		DODGE TRUCK	CARAVAN	1997	52,578
Purchase Date	Dealers Name		Engine Siz (CID/CC/L)	<input type="checkbox"/> Turbo Diesel	<input type="checkbox"/> Fuel Injectio
9/2/96	Tate Dodge		3.0L	<input checked="" type="checkbox"/> Gas	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Glen Burnie State MD Zip Code 21061		No Cylinders 6		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck				
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Component	Part Name(s)		Location		Failed Part(s)
12110000	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG		<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s)	NHTSA Previously	
1	01-JAN-2002		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Mileage at Failure(s) 56				
	Vehicle Speed at Failure(s) 120				
<b>APPLICATION INCIDENT INFORMATION</b>					
(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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	\$200 to repair	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
AIRBAG LIGHT REMAINS ILLUMINATED ON DASHBOARD. DEALER STATED CLOCKSPRING MATERIAL IS THE SOURCE OF PROBLEM, PLEASE PROVIDE FURTHER DETAILS.*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 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.