



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 252**

Date Received

20-FEB-2002

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

Reference No.

8004296

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>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	<b>DODGE TRUCK</b>	<b>GRAND CARAVA</b>	<b>1996</b>			
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 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 05100000	Part Name(s) ENGINE	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 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
---	--	---------------------------	----------------------	--------------------------	--

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

**WHILE TRAVELING ON INTERSTATE AND WITHOUT PRIOR WARNING VEHICLE SHUTDOWN, AND THERE WAS NO POWER. DEALERSHIP WAS AWARE OF PROBLEM.\*AK**

COPIES OF THIS FORM ARE:

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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

739641

Work Number  
 Home Number

Reference No.  
 8004296

FOR AGENCY USE ONLY 252

DOT Auto Safety Hotline

Date Received: 3/16/02  
 Office: DEFECTS INVESTIGATION OFFICE  
 20-FEB-2002  
 Order No. 02-010

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

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at location of windshield or at vehicle label)

2B4GP44R3TR83954  
VAN  
DODGE TRUCK  
GRAND CARAVA  
1996

Vehicle Make  
 Vehicle Model  
 Vehicle Year

Current Odometer Reading  
 Vehicle Year

Purchase Date

7/22/96

New  Used

Dealers Name: ROCHESTER TOYOTA DODGE  
 City: ROCHESTER State: NH Zip Code: 03867

Engine Size (CID/CYL) \_\_\_\_\_  
 No Cylinders \_\_\_\_\_  
 Turbo  Diesel  Gas  Fuel Injectio

Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  2-Point Belt  Motor/Inertial  
 Cruise Control:  No  Yes  
 Drive Type:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Truck  Sport Util  Motorcycle  Truck  Stationwagon  Pick Up  Truck

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

Component: 05100000 Part Name's: \_\_\_\_\_  
 Location:  Front  Left  Right  Rear  Replacement  Original  
 Failed Part's: \_\_\_\_\_

No of Failures: \_\_\_\_\_  
 Date(s) of Failure(s): 01-DEC-2001  
 Mileage at Failure(s): 90000  
 Vehicle Speed at Failure(s): \_\_\_\_\_  
 NHTSA:  Yes  No  
 Previously:  Yes  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:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: \_\_\_\_\_  
 Number of Fatalities: \_\_\_\_\_  
 Estimated Property Damage: \_\_\_\_\_  
 Reported to Police:  Yes  No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

WHILE TRAVELING ON INTERSTATE AND WITHOUT PRIOR WARNING VEHICLE SHUTDOWN, AND THERE WAS NO POWER. DEALERSHIP WAS AWARE OF PROBLEM. \*AK  
 THIS HAPPEN TWICE

The Privacy Act of 1974 (Public Law 93-579) The information 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.

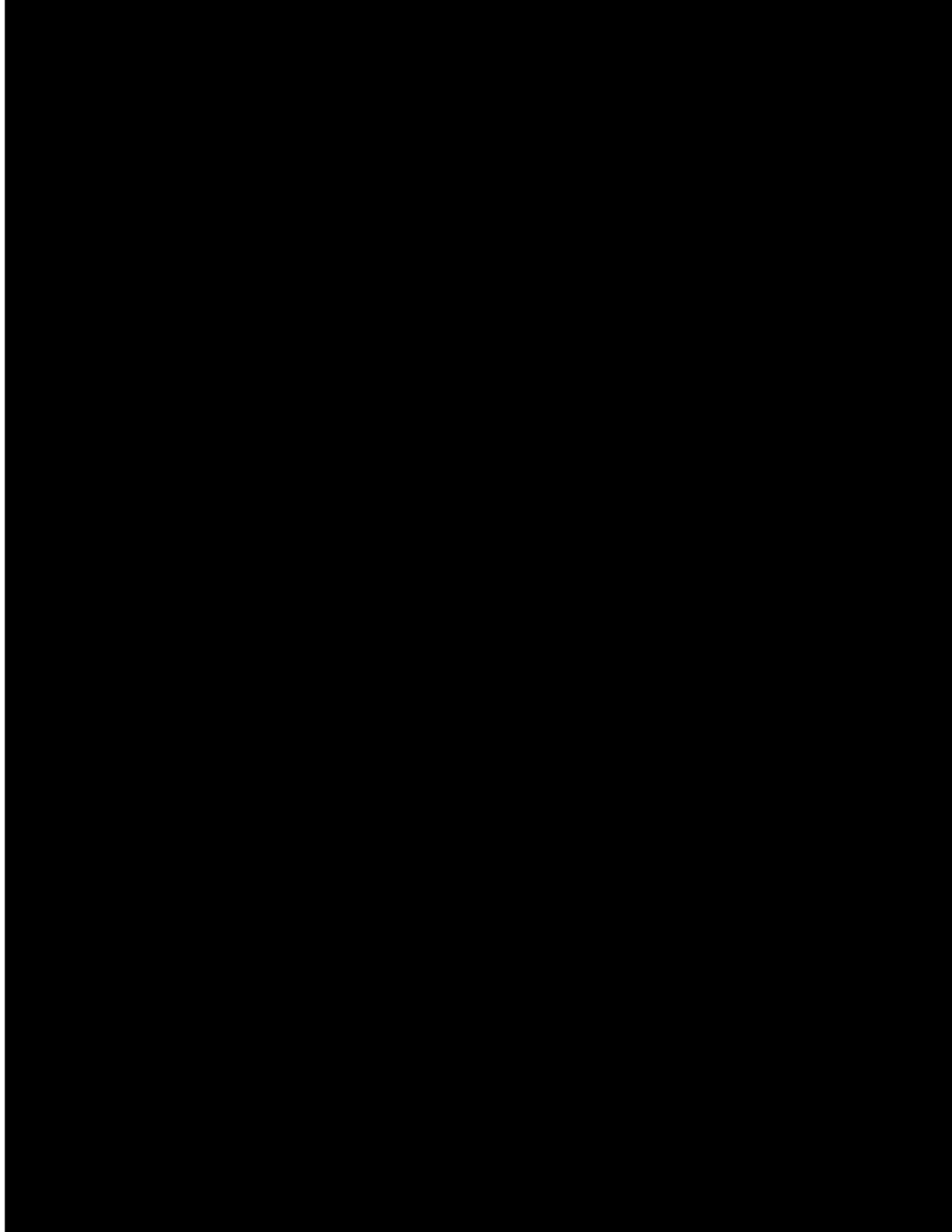
CONTINUE ON BACK IF NEEDED

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

*(Page 1 through Page 5)*







The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

Next, the document outlines the process of reconciling bank statements with the company's records. This involves comparing the bank's record of transactions with the company's ledger to identify any discrepancies. Common reasons for discrepancies include timing differences, such as deposits in transit or outstanding checks, and errors in recording or omission of transactions.

The document then provides a detailed explanation of the accounting cycle, which consists of eight steps: 1) identifying and recording transactions, 2) journalizing, 3) posting to the ledger, 4) determining debits and credits, 5) preparing a trial balance, 6) adjusting entries, 7) preparing financial statements, and 8) closing the books. Each step is described in detail, including the necessary journal entries and ledger postings.

Finally, the document discusses the preparation of financial statements, including the balance sheet, income statement, and statement of cash flows. It explains how these statements are derived from the accounting records and how they provide a comprehensive view of the company's financial performance and position.

It is important to note that the accuracy of these financial statements depends on the accuracy of the underlying data. Therefore, it is essential to maintain a high level of accuracy in all accounting records and to perform regular reconciliations and audits to ensure the reliability of the information.