



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 241

Date Received

28-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004792

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) (Location at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	DODGE TRUCK	DURANGO	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No
	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 10-FEB-2002 Mileage at Failure(s) 30000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA 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 Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION OF 25-30 MPH, AND NEITHER AIR BAG DEPLOYED. DEALER AND MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT		Vehicle Owner's Questionnaire (VOQ) Date Received: <u>28-FEB-2002</u> Office: <u>DEFECTS INVESTIGATION</u> Reference No.: <u>8004792</u> Work Number: <u>741190</u> Home Number: <u>[REDACTED]</u>		FOR AGENCY USE ONLY 241	
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 <u>[REDACTED]</u>					
VEHICLE IDENTIFICATION Vehicle Ident. No. (VIN) <u>1G1JG48L4F4795320</u> (Located at column of manufacturer's side)					
Vehicle Make <u>DODGE TRUCK</u> Vehicle Model <u>DURANGO</u> Current Odometer Reading <u>2800</u>		Purchase Date <u>12/2/01</u> Used ☒ New ☐			
Dealer's Name <u>HERB CHAMBER'S HYUNDAI</u> City <u>Alhambra</u> State <u>MA</u> Zip Code <u>01901</u>		Engine Size <u>4.7</u> (cc/cyl) <u>8</u> No Cylinders <u>8</u> Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio ☒			
Transmission Type ☒ Automatic ☐ Manual Antilock Brakes ☒ Yes ☐ No		Cruise Control ☒ Yes ☐ No Drive Train ☒ Front ☐ Rear ☐ 4-Wheel			
Vehicle Type ☒ Sport Util ☐ Truck ☐ Motorcycle ☐ Other ☐ Van ☐ Minivan ☐ Car		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>12111000</u> Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u> Location ☒ Left ☒ Right ☐ Rear ☐ Front		Failed Parts ☒ Original ☐ Replacement			
No of Failures <u>2</u> Date(s) of Failure(s) <u>10-FEB-2002</u> Mileage at Failure(s) <u>30000</u> Vehicle Speed at Failure(s) <u>30 MPH</u>		Failed ☒ Yes ☐ No Previously ☐ Yes ☐ No NHTSA ☐ 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 Number of Persons Injured <u>1</u> Number of Fatalities <u>0</u> Estimated Property Damage <u>[REDACTED]</u> Reported to Police ☒ Yes ☐ No		NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) VEHICLE WAS INVOLVED IN A FRONTAL COLLISION OF 25-30 MPH, AND NEITHER AIR BAG DEPLOYED. DEALER AND MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.			
CONTINUE ON BACK IF NEEDED					

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**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 / through Page 8)













