



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** 1368

Date Received

22-APR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8008240

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G82F528X202485	SATURN	Z	2001			
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 checked="" 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 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 10310000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	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) 05-DEC-2000 Mileage at Failure(s) 28000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IT IS VERY HARD TO SEE DEW TO THE WINDSHIELD WIPER.\*AK

COPIED FROM NHTSA FORM 101

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.

<b>DOT Auto Safety Hotline</b>		<b>FOR AGENCY USE ONLY</b> 241	
U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> GEORGY <i>LaDonna</i> GARDNER    744561 1215 EAST RANDOLPH STREET SOUTH BEND    IN    46613		Date Received: 21-MAR-2002 OFFICE OF INVESTIGATION Reference No. 8006137 Work Number 219/247-2240 Home Number	
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 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner: <i>LaDonna G. Gardner</i>		Date: <i>3/26/02</i>	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (located on bottom of windshield on driver's side) 2B4GP44R3VR354079		Vehicle Make: DODGE TRUCK Vehicle Model: GRAND CARAVA Vehicle Year: 1997 Current Odometer Reading:	
Purchase Date: <i>11/01</i> <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 Diesel Gas Fuel Injecto	
Transmission Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenge-side Airbag	
Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Other <input type="checkbox"/> Pick Up Truck	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component: 05250000 Part Name(s): ENGINE COOLING SYSTEM:BELTS		Location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures: _____ Date(s) of Failure(s): <i>28-FEB-2002</i> Mileage at Failure(s): <i>44998</i> Vehicle Speed at Failure(s): <i>approx. 20 mph</i>		Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Persons Injured: <i>0</i>		Number of Fatalities: <i>0</i>	
Estimated Property Damage: <i>0</i>		Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
SERPENTINE BELT BROKE WHILE DRIVING 20 MPH, DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.			

SERPENTINE BELT BROKE WHILE DRIVING 20 MPH, DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

driving approx 20 mph on drifted snow-felled road & lights came on on dash indicator signaling the battery - started also to indicate over-heating of vehicle - eventually everything began to "size-up" - had Dan towed from a gas station

had to use red-lights for fear of walking on country road in 18° weather w/ my 2 children -  
Very upset because this is not covered by the warranty - oo

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

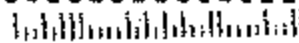


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73175 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

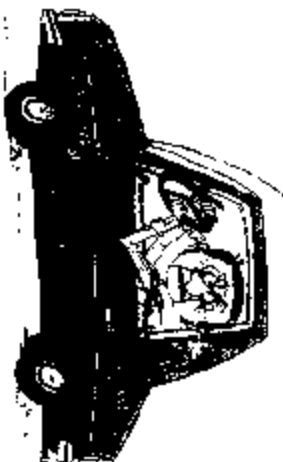
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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