



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 436

Date Received

27-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006536

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B4GP44L7YB520618		DODGE TRUCK	GRAND CARAVA	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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
				☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Body Style	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 20-MAR-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 50000		
	Vehicle Speed at Failure(s)		

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)

(NHTSA ID# 00V-260-000 MANUFACTURER RECALL ID# 895) THE MANUFACTURE HAS ON BACKED ORDER FOR 15,000 PARTS. MANUFACTURE NOTIFIED AND NO ONE WITHIN THE CITY OR CLOSESET CITY HAS ANY AVAILABLE. NLM

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
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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 436

Date Received

27-MAR-2002

OFFICE

DEFECTS INVESTIGATION

Od or

rt dt

od rt

up ltr

Reference No.

8006536

OWNER INFORMATION (Type or Print)

745614

OKEMOS

MI

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an address, provide your name and address to the vehicle manufacturer.

☐ YES

☐ NO

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

1B4GP44L7YB520618

Vehicle Make

DODGE TRUCK

Vehicle Model

GRAND CARAVA

Vehicle Year

2000

Current Odometer Reading

Purchase Date

Dealer's Name Bill Smithkamp

Engine Size (CID/CC/L)

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☐ New ☒ Used

City Lansing State MI Zip Code

No Cylinders

Transmission Type

☐ Manual

☒ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☐ 3-Point Belt

☒ Driverside Airbag ☐ Motorbelt

☒ Passengerside Airbag ☐ 2-Point Be

Cruise Control

☒ Yes

☐ No

Drive Train

☒ Front

☐ Rear

☐ 4-Wheel

Vehicle Type

☐ Car

☐ Van

☐ Minivan

☐ Other

Body Style

☐ Sport Ult

☐ Truck

☐ Motorcycle

☐ 2-Door

☐ 4-Door

☐ Stationwagon

☐ Pick Up

☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
06300000

Part Name(s)

FUEL:FUEL INJECTION SYSTEM

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☒ Original

☐ Replacement

No of Failures

Date(s) of Failure(s) 20-MAR-2002

Mileage at Failure(s) 50000

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 Damage

Reported to Police

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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

(NHTSA ID# 00V-260-000 MANUFACTURER RECALL ID# 895) THE MANUFACTURE HAS ON BACKED ORDER FOR 15,000 PARTS. MANUFACTURE NOTIFIED AND NO ONE WITHIN THE CITY OR CLOSESET CITY HAS ANY AVAILABLE. NLM

CONTINUE ON BACK IF NEEDED

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