



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 798

Date Received

02-APR-2002

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

Reference No.

8006798

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	DODGE TRUCK	GRAND CARAVA	1996			
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input 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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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) 12-SEP-2000 Mileage at Failure(s) 120000 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)

TRANSMISSION WOULD START TO MAKE A LOUD NOISE. ALSO, VEHICLE WOULD START JERKING WHILE CONSUMER WAS DRIVING.*AK

CONTINUED 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.

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

Crash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>				

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures	Date(s) of Failure(s) 12-SEP-2000	Mileage at Failure(s) 12000	Vehicle Speed at Failure(s)	Failed Part(s) NHTSA	Previously
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION-AUTOMATIC	Location Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s) Original <input type="checkbox"/> Replacement <input type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt	Brakes <input type="checkbox"/> Disc <input type="checkbox"/> Drum	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Drive Type Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Engine Size (CID/CCL) Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto <input type="checkbox"/>
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Purchase Date	Dealer's Name	City	State	Zip Code
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used				

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
N/A	DODGE TRUCK	GRAND CARAVA	1996	

VEHICLE INFORMATION

Signature of Owner: _____
Date: 4/22/02

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES
 NO

OWNER INFORMATION (Type or Print)	746346
Work Number	
Home Num	
Reference No.	8006798
DATE RECEIVED	02-APR-2002
OFFICE	DEFECTS INVESTIGATION
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	
DOT Auto Safety Hotline	
Vehicle Owner's Questionnaire (VOQ)	
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