



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 117

Date Received

05-APR-2002

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od. rt
rp. ltr

Reference No.

8006966

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 | | |
| 1B4GP44L9CB903717 | DODGE TRUCK | GRAND CARAVA | 1999 | | | |
| 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 checked="" 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 07301000 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM | 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) _____ 1800 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 |
|---|--|---------------------------|----------------------|--------------------------|---|

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

DRIVER HAD TURNED VEHICLE ON BUT LEFT IT IN PARK, BUT SHIFT LEVER WAS BUMPED SLIGHTLY AND JUMPED OUT OF PARK INTO REVERSE. HAD CONTACTED BOTH MANUFACTURERS, AND WAS INFORMED THAT PROBLEM WAS NORMAL FOR THAT VEHICLE.*AK

CONTINUE 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.

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

DEFECTS INVESTIGATION
OFFICE
05-APR-2002
8006966

OWNER INFORMATION (Type or Print)
746870
Work Number
Home N

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 bottom of windshield or driver's side: 1B4G4919X890317
Vehicle Make: DODGE TRUCK
Vehicle Model: GRAND CARAVA
Vehicle Year: 1999
Current Odometer Reading: 20,120

Purchase Date: 4/06/1999
Dealers Name: WALKER RYAN DIXIE
City: E. HANOVER State: NJ Zip Code: _____
Transmission Type: Automatic Manual
Anchored Brakes: Yes No
Restraint System: 3-Point Belt Motorbelt Driver's Side Airbag Passenger's Side Airbag
Cruise Control: Yes No
Drive Type: Front Rear 4-Wheel
Vehicle Type: Car Minivan Other Sport Utility Truck Motorcycle
Body Style: Turbo Diesel Gas Fuel Injectio

Component: 07301000
Part Name(s): POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM
Location: Front Left Right Rear
Failed Part(s): Original Replacement
No of Failures: _____
Date(s) of Failure(s): _____
Mileage at Failure(s): 16000
Vehicle Speed at Failure(s): PARKED / RUNNING
Failed Part(s): Yes No
Previously Failed Part(s): Yes No
NHTSA Previously Failed Part(s): Yes No

FAILED COMPONENT(S)/PART(S) INFORMATION

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: 0
Number of Fatalities: 0
Estimated Property Damage: 0
Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)
DRIVER HAD TURNED VEHICLE ON BUT LEFT IT IN PARK, BUT SHIFT LEVER WAS BUMPED SLIGHTLY AND JUMPED OUT OF PARK INTO REVERSE. HAD CONTACTED BOTH MANUFACTURERS, AND WAS INFORMED THAT PROBLEM WAS NORMAL FOR THAT VEHICLE. AK I CONTACTED MANUFACTURER, THEY STATED THE VEH WAS NOT DESIGNED WITH TRANSMISSION INTERLOCK. VEH. SHIFT LEVER CAN BE PULLED INTO GEAR WITHOUT STEPPING ON BRAKE. AT TIME OF INCIDENT, VEH. WAS RUNNING WITH SHIFT LEVER WAS BUMPED SLIGHTLY CAUSING VEH TO GO INTO REVERSE.

Continued on back if needed

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

VEH. MOVED BACKWARDS OUT OF PARKING SPACE, ALMOST CAUSING MY VEHICLE TO STRIKE ANOTHER VEH. I WAS ABLE TO GET MY VEH. STOPPED PRIOR TO COLLISION (BARELY). I CONSIDER THIS A SAFETY HAZARD. THE INTERLOCK TECHNOLOGY EXISTED IN 1999 AND SHOULD HAVE BEEN DESIGNED INTO THE VEHICLE.

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



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

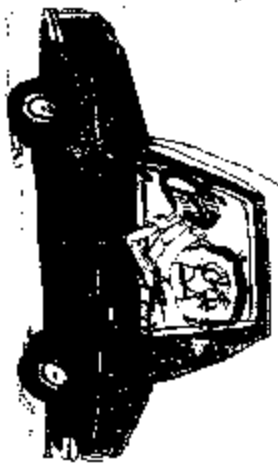
DASH2DOT

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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