



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 1039

Date Received

16-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007710

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) 1C4GP64L2VB280100	Vehicle Make CHRYSLER TRUC	Vehicle Model TOWN AND COUN	Vehicle Year 1997	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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 09500000 12110000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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)

AIRBAG AND HORN ARE NOT OPERABLE DUE TO MALFUNCTION OF CLOCKSPRING. DEALER CONTACTED.*AK

COPIES OF REPORTS ARE KEPT

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.

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 1039	
		Date Received <u>16-APR-2002</u> OFFICE INVESTIGATION Reference No. <u>8007710</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print)			
		748622	
WESTWOOD		NJ 07675	
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 <u>5/1/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1C4GP64L2VB280100	CHRYSLER TRUC	TOWN AND COUN	1997
		59665	
Purchase Date <u>Apr 99</u>	Dealer's Name <u>Lakewood Motors</u>		Engine Siz (CID/CC/L) <u>3.8L</u>
☐ New ☒ Used	City <u>Westwood</u> State <u>NJ</u> Zip Code <u>07675</u>	No Cylinders <u>6</u>	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No
		Drive Train	Vehicle Type
		☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other
			☐ Sport Ult ☐ Truck ☐ Motorcycle
			☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09500000 12110000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>Apr 1 2002</u> Mileage at Failure(s) _____ 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AIRBAG AND HORN ARE NOT OPERABLE DUE TO MALFUNCTION OF CLOCKSPRING. DEALER CONTACTED.*AK			

CONTINUE ON BACK IF NEEDED

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