

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's QuestionnaireNATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**FOR AGENCY USE ONLY** 936

Date Received

17-APR-2002

Oid_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007792

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4GP44R4TR689400	DODGE TRUCK	GRAND CARAVA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 08320000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:UNDER DASH	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 1	Dates of Failure(s) 16-APR-2002 Mileage at Failure(s) 98000 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)

CONSUMER STATES VEHICLES ENGINE WAS TURNED OFF. CONSUMER WAS GETTING GAS, AFTER ENTERING THE VEHICLE CONSUMER SMELLED SMOKE, AND SAW SMOKE COMING OUT OF DASH. CONSUMER DROVE CAR TO A MECHANIC. NLM

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

OWNER INFORMATION (Date of Print)

748896

Reference No. 8007792

DEFECTS INVESTIGATION
17 APR-2002
DATE RECEIVED

FOR AGENCY USE ONLY 335

Do you authorize NHTSA to contact you or your attorney regarding this vehicle? YES NO

Signature of Owner: _____ Date: 5/2/02

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2B4GP44R4TR689400

Vehicle Make DODGE TRUCK

Vehicle Model GRAND CARAVA

Vehicle Year 1996

Current Odometer Reading _____

Purchase Date _____

Dealers Name _____ State _____ Zip Code _____

City _____

New Used

Transmission Type Automatic Manual

Antilock Brakes Yes No

Restraint System 3-Point Belt 2-Point Belt Motorbelt

Passenger Side Airbag Yes No

Driver Side Airbag Yes No

Motorbelt Yes No

Cruise Control Yes No

Drive Train Front Rear 4-Wheel

Vehicle Type Car Van Minivan Other

Truck Motorcycle Sport Util. Truck Stationwagon 4-Door 2-Door

Body Style Truck Pick Up Stationwagon

Engine Size (CID/CC/L) _____ No. Cylinders _____

Engine Type Gas Diesel Turbo

Component 08320000

Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:UNDER DASH

Location Left Right Front Rear

Failed Parts Original Replacement

No. of Failures 1

Date(s) of Failure(s) 18-APR-2002

Mileage at Failure(s) 88000

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 Failures _____

Estimated Property Damage _____

Reported to Police Yes No

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

CONSUMER STATES VEHICLES ENGINE WAS TURNED OFF, CONSUMER WAS GETTING GAS, AFTER ENTERING THE VEHICLE CONSUMER SMELLED SMOKE, AND SAW SMOKE COMING OUT OF DASH. CONSUMER DROVE CAR TO A MECHANIC. NLM

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CONTINUE ON BACK - RECEIVED