



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

22-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008190

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		
JP3CA46C5PU060684	PLYMOUTH	COLT	1993			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) _____ 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AUTOMATIC SHOULDER BELT ON THE DRIVER SIDE OF VEHICLE WILL NOT RETRACT WHEN DOOR IS CLOSED. DEALER CONTACTED. *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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1039</p>	
	<p>Date Received MAY 13 12:37 PM '02 22-APR-2002</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_fr _____</p>
<p>OWNER INFORMATION (Type or Print)</p>	<p>Reference No. 8008190</p>	
<p>749556</p>	<p>Work Number _____ Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized agent, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 27/04/02

VEHICLE INFORMATION						
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>JP3CA46C3PU060684</p>	<p>Vehicle Mak</p> <p>PLYMOUTH</p>	<p>Vehicle Mode</p> <p>COLT</p>	<p>Vehicle Year</p> <p>1993</p>	<p>Current Odometer Reading</p> <p>125630</p>		
<p>Purchase Date</p> <p>July 1993</p>	<p>Dealer's Name _____</p>		<p>Engine Siz (CID/CC) <u>1.8</u></p>	<p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City <u>WATERLOO</u> State <u>NY</u> Zip Code _____</p>		<p>No Cylinders <u>4</u></p>			
<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component:</p> <p>12130000</p>	<p>Part Name(s)</p> <p>INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS</p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p> <p>1</p>	<p>Date(s) of Failure(s) <u>19 Apr 2002</u></p> <p>Mileage at Failure(s) <u>125550</u></p> <p>Vehicle Speed at Failure(s) <u>PAAR00</u></p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>\$900.00</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

AUTOMATIC SHOULDER BELT ON THE DRIVER SIDE OF VEHICLE WILL NOT RETRACT WHEN DOOR IS CLOSED. DEALER CONTACTED. *AK

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

WHEN I CLOSED MY CAR DOOR, THE AUTOMATIC SEATBELT BELT DID NOT GO INTO ITS SEWRE POSITION. IT WENT APPROXIMATELY 4 INCHES AND STOP. I OPENED THE CAR DOOR AND A CABLE STARTED COMING OUT OF THE BELT TRAVEL TRACK. I TRIED MOVING THE MECHANISM BY HAND AND IT DIDN'T MOVE. I FED THE CABLE BACK INTO IT'S TRACK AND NOTHING HAS HAPPENED SINCE. THE BELT STAYS IN THE FORWARD POSITION AT ALL TIMES AND YOU CAN HEAR THE BELT MOTOR CLICKING FOR A LITTLE WHILE UNTIL THE CAR BEEPS AND THEN IT STOPS.

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 [POSTNET barcode]



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

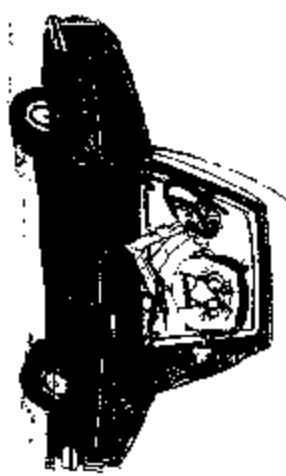
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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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National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>