Form Approved: OMB No. 2127-0042

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 1220

Date Received: 26-APR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8008666

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2P4GP44R7YR597204	PLYMOUTH TRUC	VOYAGER	2000	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 19000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No	2			☐ Yes ☐ No

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

WHILE DRIVING VEHICLE ACCIDENT OCCURED. HOWEVER, DRIVER DID NOT KNOW HOW FASTVEHICLE WAS GOING. VEHICLE IMPACTED A TREE, AND AIR BAGS DID NOT DEPLOY. THERE WERE INJURIES. PLEASE PROVIDE ANY FURTHER INFORMATION.*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 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.

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

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 1220

Date Received
26-APR-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8008666

OWNER INFORMATION (Type or Print)

[redacted] 750541

Work Numb [redacted]
Home Number

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 [redacted] Date ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2P4GP44R7YR597204	PLYMOUTH TRUC	VOYAGER	2000	19

Purchase Date 10/25/01
☐ New ☒ Used

Dealer's Name Ebersole
City Lebanon State Pa Zip Code 17

Engine Siz (CID/CC/L ___
No Cylinders 6
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restrain: System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☒ Van ☐ Truck ☐ Miniven ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 4/21/02
Mileage at Failure(s) 19000
Vehicle Speed at Failure(s) UNKNOWN (over 35 mph)

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	OVER $10,000	☒ Yes ☐ No

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

WHILE DRIVING VEHICLE ACCIDENT OCCURED. HOWEVER, DRIVER DID NOT KNOW HOW FASTVEHICLE WAS GOING. VEHICLE IMPACTED A TREE, AND AIR BAGS DID NOT DEPLOY. THERE WERE INJURIES. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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

Traveling S on Jester Mt Rd & came to No Pleasant Rd. There was no pre-stop sign warning a stop sign was not clearly visible, at the intersection I saw the stop sign and a red car to my left at Western Lines. To avoid being hit in the front of my car I hit the right side. The red car hit the rear behind the driver door at which time I must have gone unconscious after coming to. I recall that the van had a tree head on. The air bags did not deploy (I have photos to show the dash + front end collision).

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

HARRISBURG, PA 17
PM
07 MAY
2002

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

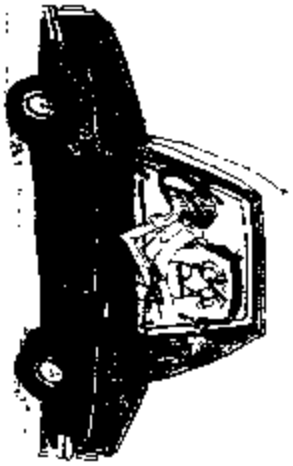
DASH2DOT

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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