



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 936

Date Received

01-MAY-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8008915

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1P3EJ46C0XN625569	PLYMOUTH	BREEZE	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 4 CYL	<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"/> 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 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 checked="" 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) 30-APR-2002 Mileage at Failure(s) 42000 Vehicle Speed at Failure(s) 30	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 checked="" 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 WHILE TRAVELING AT 25 TO 30 MPH ANOTHER DRIVER PULLED IN FRONT OF CONSUMER AND CONSUMER WAS HIT MID DRIVER SIDE, CONSUMER STATES NONE OF THE VEHICLE AIRBAGS DEPLOYED. THE OTHER DRIVER AIRBAGS DID DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION.\*JB

COPIES OF THIS FORM ARE:

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)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

#### OWNER INFORMATION (Type or Print)

751175

8008915

Reference No.

OFFICE INVESTIGATION

01-MAY-2002

Date Received

FOR AGENCY USE ONLY 335

Home Number  
 Work Number

Do you authorize NHTSA to use the information you provide in the absence of a signature of owner?  YES  NO  
 Report to the manufacturer of your vehicle?  YES  NO  
 ALL NOT provide your name and address to the vehicle manufacturer.  
 Signature of Owner: [Redacted]  
 Date: 05/12/02

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN): (located at bottom of windshield on driver's side) 1P3EJ46C0XN625568  
 Vehicle Make: PLYMOUTH  
 Vehicle Model: BREEZE  
 Vehicle Year: 1999  
 Current Odometer Reading: 42323

Purchase Date:  New  Used  
 Dealer's Name: Lacey Allen Motor Car Co  
 City: Parsons state KS zip code: 67357  
 Engine Size (CID/CC/L): 4Cyl  
 Turbo  Diesel  Gas  Fuel Injectio

Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  Driver's Airbag  Passenger's Airbag  
 Cruise Control:  No  Yes  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Minivan  Other  Sport Util  Truck  Motorcycle  Stationwagon  Pick Up  Truck

Failed Component: 12110000  
 Part Name(s): INTERIOR SYSTEMS: PASSIVE RESTRAINT AIR BAG  
 Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement

No of Failures: 1  
 Date(s) of Failure(s): 30-A-R-2002  
 Mileage at Failure(s): 42000  
 Vehicle Speed at Failure(s): 30  
 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: 1  
 Number of Fatalities:   
 Estimated Property Damage: 7,602.00  
 Reported to Police:  Yes  No

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

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CONTINUE ON BACK IF NEEDED

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

when Francis Pulled out in front of me, I slammed on my brakes my car smashed into his car almost head on, and my airbags didnt deploy, when his cars airbags did deploy. Also If my airbags would of deployed I would not of got two cuts on my head which one of the cuts needed stitches. And I would have not been hurt.

Also ever since I bought that car I have problems with it wich I have reported it to the plymouth corporation and they put it on file.

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 79173 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

2059040001



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

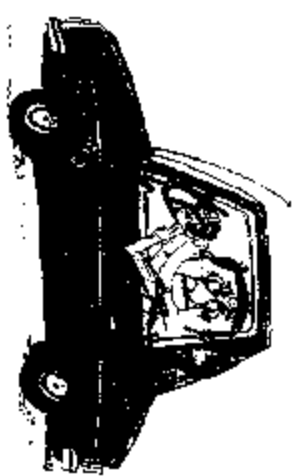
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**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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