



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 798

Date Received

10-MAY-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8009566

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 or driver's side door)		Vehicle Make DODGE TRUCK	Vehicle Model CARAVAN	Vehicle Year 1996	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 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 02-MAY-2002 Mileage at Failure(s) 96000 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)

**WHILE DRIVING AND WITHOUT WARNING VEHICLE COMPLETELY SHUTDOWN, CAUSE UNKNOWN.
PLEASE GIVE ANY FURTHER DETAILS.*AK**

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.

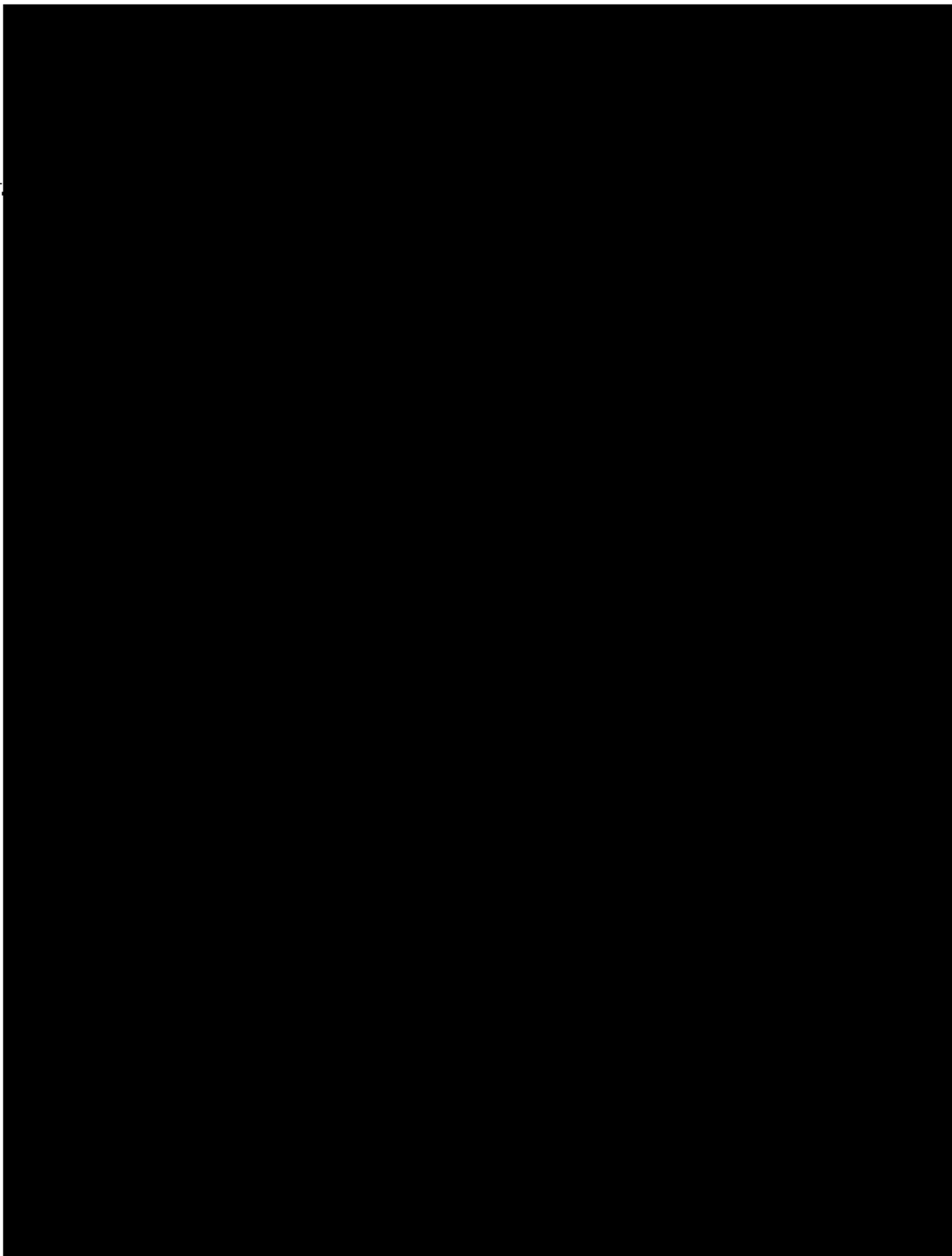
 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 796	
OWNER INFORMATION (Type or Print) 753317 TOBYHANNA PA		Date Received 10-MAY-2002 OFFICE DEFECTS INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 8009566
		Work Number _____ 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 authorized signature, please print the name of the vehicle manufacturer.			
Signature of Owner _____		Date <u>5-26-02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>2B4GP44R1TR725155</u>	Vehicle Make <u>DODGE TRUCK</u>	Vehicle Model <u>CARAVAN</u>	Vehicle Year <u>1996</u>
Current Odometer Reading <u>97,000</u>		Engine Size (CID/CC/L) _____ No Cylinders <u>6</u>	
Purchase Date <u>Oct 1996</u> ☒ New ☐ Used		Dealer's Name <u>Roth Rock</u> City <u>Allentown</u> State <u>PA</u> Zip Code _____	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Van ☐ Minivan ☐ Other	Sport Utility Truck ☐ Motorcycle	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>05100000</u>	Part Name(s) <u>ENGINE</u>	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>100</u>	Date(s) of Failure(s) <u>02-MAY-2002</u> Mileage at Failure(s) <u>96000</u> Vehicle Speed at Failure(s) <u>0 TO 50 OR MORE</u>	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 <u>None</u>	Number of Fatalities <u>None</u>
Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AND WITHOUT WARNING VEHICLE COMPLETELY SHUTSDOWN, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.*AK			

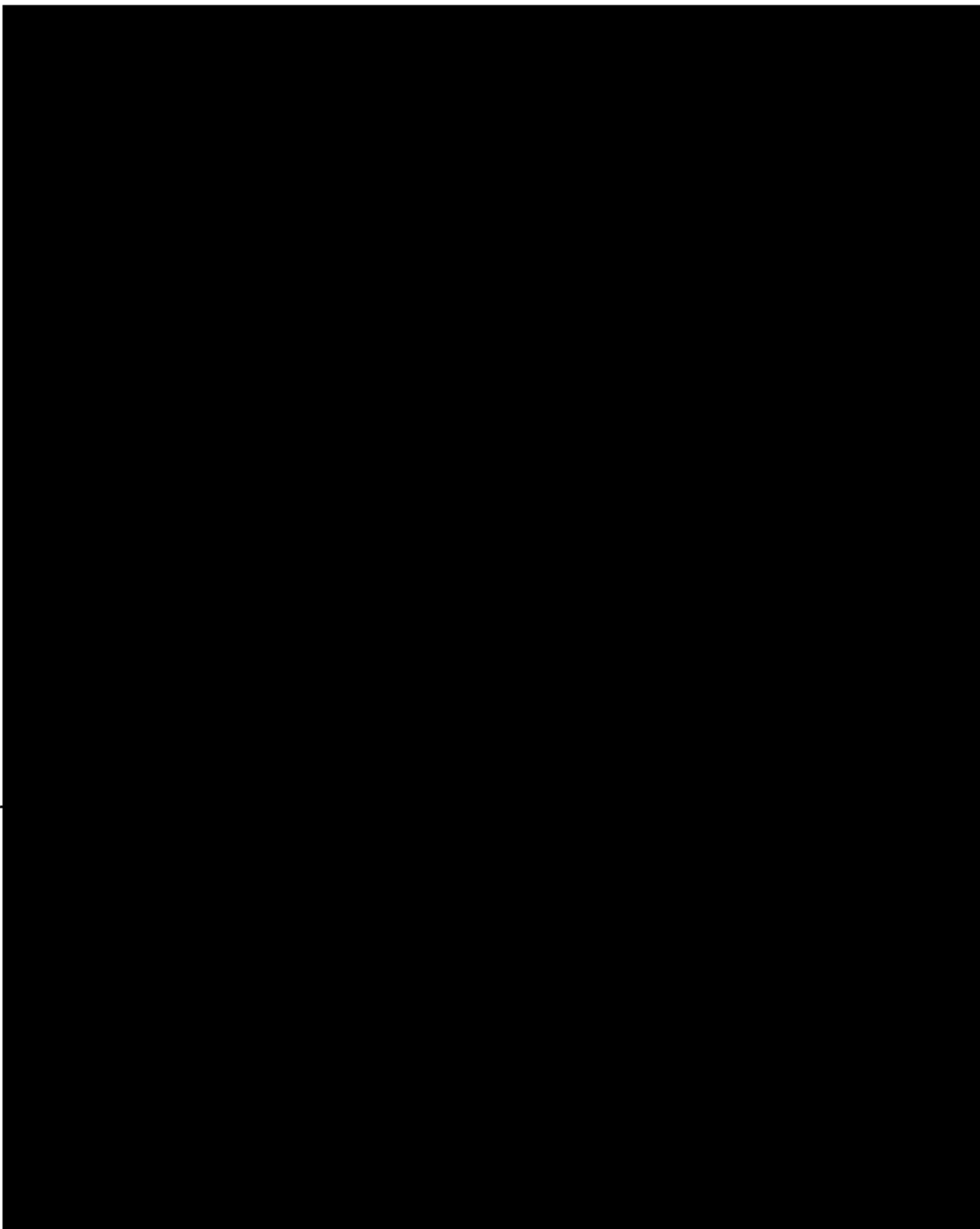
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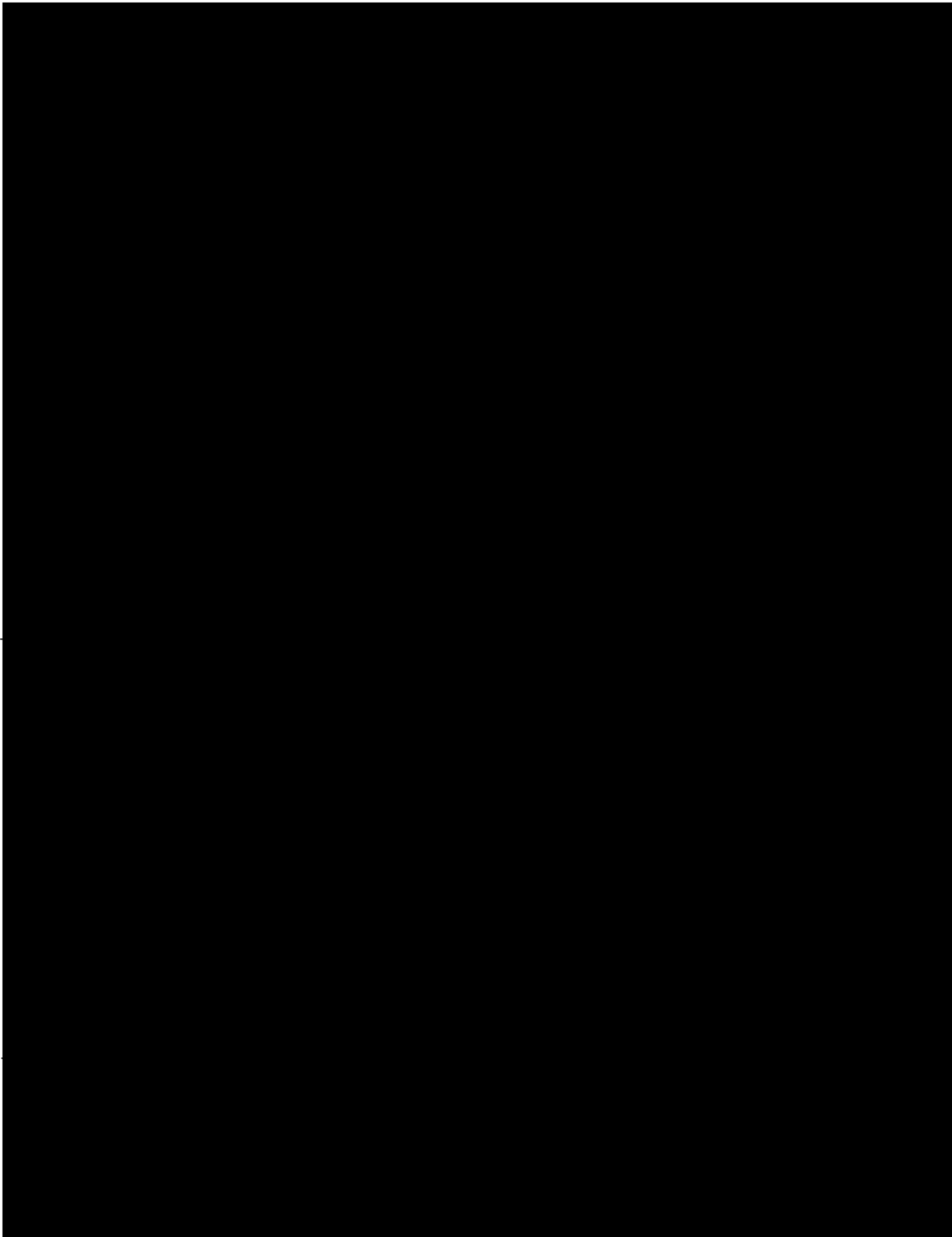
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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

(Page 1 through Page 5)







IV

Car stalls and starter will not start run
only after 15 or twenty minutes car starts
with out a problem