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: 28-MAY-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 8010544

[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 |
|---|---|---|---|---|
| 1B4GP44R9TB306016 | DODGE TRUCK | CARAVAN | 1996 | |

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<br>☐ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt<br>☐ Motorbelt<br>☐ Driverside Airbag<br>☐ 2-Point Bel<br>☐ Passengerside Airbag | ☐ Yes<br>☐ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car ☐ Sport Ult<br>☒ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other_____ | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 03250000 | BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | Mileage at Failure(s | ☐ 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 | | | | ☐ Yes ☐ No |

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

ABS LIGHT STAYS ON DUE TO DEFECTIVE BODY CONTROL MODULE. DEALER CONTACTED. *AK

CONTINUED ON NEXT PAGE

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 1039

Date Received: 28-MAY-2002

OFFICE OF DEFECTS INVESTIGATION

Qd_or
rt_dt
qd_rt
up_ltr

Reference No. 8010544

OWNER INFORMATION (Type or Print)

[redacted] 755844

SAN JOSE CA [redacted]

Work Number [redacted]
Home Number [redacted]

Do you authorize NH[redacted] your vehicle? ☒ YES ☐ NO
in the absence of an [redacted] address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/7/02

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1B4GP44R9TB306016 | DODGE TRUCK | CARAVAN | 1996 | 77,762 |

Purchase Date: 12/95 ☒ New ☐ Used
Dealer's Name: STEVENS CREEK DODGE
City: S.J. State: CA Zip Code:
Engine Siz (CID/CC/L: 3.3
No Cylinders: 6
☐ 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 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 03250000 | BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | ☐ Left ☐ Right ☐ Front ☐ Rear | ☒ Original ☐ Replacement |

| No of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ 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 | | | | ☐ Yes ☐ No |

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

ABS LIGHT STAYS ON DUE TO DEFECTIVE BODY CONTROL MODULE. DEALER CONTACTED. *AK

CONTINUE ON BACK IF NEEDED

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