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 1039

Date Received: 28-MAY-2002

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

Reference No.: 8010547

[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 ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ 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
09500000 12110000	COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ 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)

AIRBAG LIGHT STAYS ON AND HORN IS INOPERABLE DUE TO THE BODY CONTROL MODULE. DEALER CONTACTED. *AK

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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
02 JUN 10 AM
28-MAY-2002
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8010547

OWNER INFORMATION (Type or Print)

[redacted] 755844

SAN JOSE CA [redacted]

Work Number [redacted]
Home Number [redacted]

Do you authorize NHTS[redacted] *vehicle?* ☒ YES ☐ NO
In the absence of an au[redacted] *dress to the vehicle manufacturer.*
Signature of Owner [redacted] Date 6/7/02

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B4GP44R9TB306016	DODGE TRUCK	CARAVAN	1996	77,762

Purchase Date 12/95 ☒ New ☐ Used
Dealer's Name Stevens Creek Dodge
City SJ State CA Zip Code
Engine Size (CID/CC/L) 3.3
No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
09500000 12110000	COMMUNICATIONS:HORN ASSEMBLY INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	☐ 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) ☐ 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				☐ Yes ☐ No

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

AIRBAG LIGHT STAYS ON AND HORN IS INOPERABLE DUE TO THE BODY CONTROL MODULE. DEALER CONTACTED. *AK

CONTINUE ON BACK IF NEEDED