



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 1362

Date Received

02-JUL-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8013138

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2B4FP2533VR244384	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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 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 03250000 07301000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA 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)

WHILE VEHICLE WAS IN A STANDING POSITION ACCIDENTALLY BUMPED GEAR STICK CAUSING GEAR TO CHANGE AND ROLL FORWARD WITHOUT HAVING TO APPLY BRAKES. MECHANIC STATED THE ANTI-LOCK BRAKES SYSTEM WAS NOT OPERATING PROPERLY.\*AK

COPIED FROM NHTSA - REF # 1

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 1362	
	Date Received <b>02-JUL-2002</b>		Defects Number <b>8013138</b>
OWNER INFORMATION (Owner or Renter)		Work Number _____ Home Number _____	State <b>TX</b> Zip Code <b>762165</b>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of a signature, address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date **07/11/02**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <b>?B4FP2533VR244384</b>	Vehicle's Make <b>DODGE TRUCK</b>	Vehicle Model <b>CARAVAN</b>	Vehicle Year <b>1997</b>	Current Odometer Reading <b>43,934</b>
Purchase Date <b>JAN 1997</b>	Dealer's Name <b>CLEAR LAKE DODGE</b>		Engine Size (CID/CC/L) <b>3.0</b>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>WEBSTER</b> State <b>TX</b> Zip Code <b>77598</b>		No Cylinders _____	<input checked="" type="checkbox"/> Gas Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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 checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Ult Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/>		Body Style <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>03250000 07301000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM</b>	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>1</b>	Date(s) of Failure(s) <b>MAY 15, 2002</b> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>N/A</b>	Number of Fatalities <b>N/A</b>	Estimated Property Damage <b>N/A</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHILE VEHICLE WAS IN A STANDING POSITION ACCIDENTALLY BUMPED GEAR STICK CAUSING GEAR TO CHANGE AND ROLL FORWARD WITHOUT HAVING TO APPLY BRAKES. MECHANIC STATED THE ANTI- LOCK BRAKES SYSTEM WAS NOT OPERATING PROPERLY.\*AK**  
  
**NO DAMAGE TO VEH. OR INJURIES TO PERSONS. VEH WAS PARKED IN DRIVE WAY IDLING. VEH WAS PURCHASED NEW.**