



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 758**

Date Received

02-JUL-2002

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

Reference No.

8013144

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		
2B4FP2535VR174578	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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) 28-JUN-2002 Mileage at Failure(s) 28000 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 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	--

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

**FRONT PASSENGER SEAT BELT WILL NO LONGER RETRACT. VEHICLE HAS NOT YET BEEN EXAMINED BY DEALER.\*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.

The Privacy Act of 1974-Public Law 93-579 The 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.

CONTINUE ON BACK IF NEEDED

**FRONT PASSENGER SEAT BELT WILL NO LONGER RETRACT. VEHICLE HAS NOT YET BEEN EXAMINED BY DEALER, AK**  
*Although it wasn't necessary to retract, I had it checked at the House of Commons, one of the dealers. To think it's working properly, do you want to stay.*

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

Crash  Yes  No  
 Fire  Yes  No  
 Number of Persons Injured \_\_\_\_\_  
 Number of Fatalities \_\_\_\_\_  
 Estimated Property Damage \_\_\_\_\_  
 Reported to Police  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)

No of Failures \_\_\_\_\_  
 Date(s) of Failure(s) 28-JUN-2002  
 Mileage at Failure(s) 28000  
 Vehicle Speed at Failure(s) \_\_\_\_\_  
 Failed Part(s) \_\_\_\_\_  
 NHTSA Previously  Yes  No

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

Component 12240000  
 Part Name(s) \_\_\_\_\_  
 Interior Systems: Active Restraints: Belt Retractors  
 Location  Front  Left  Right  Rear  
 Failed Part(s)  Original  Replacement

**TRANSMISSION TYPE**  Automatic  Manual  
**RESTRAINT SYSTEM**  3-Point Belt  2-Point Belt  Motorized  
 Driver Side Airbag  Passenger Side Airbag  
 Cruise Control  
**VEHICLE TYPE**  Car  Van  Truck  Sport Utl  
 Minivan  Motorcycle  Other  
**DRIVE TRAIL**  Front  Rear  4-Wheel  
**CRUISE CONTROL**  Yes  No  
**TRANSMISSION TYPE**  New  Used  
 Dealer's Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Engine Size (CID/CYL) \_\_\_\_\_  
 Turbo  Diesel  Gas  Fuel Injectio

**VEHICLE IDENT. NO. (VIN)** 2B4FP2535VR174578  
 Vehicle Mark DODGE TRUCK  
 Vehicle Model CARAVAN  
 Vehicle Year 1997  
 Current Odometer Reading \_\_\_\_\_

Signature of Owner \_\_\_\_\_  
 Date 7/23/02  
 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**  
 LADSON SC 762244  
 Home Number \_\_\_\_\_  
 Work Number \_\_\_\_\_  
 Reference No. 8013144

**Vehicle Owner's Questionnaire (VOQ)**  
 DOT Auto Safety Hotline  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-DOT

**FOR AGENCY USE ONLY**  
 758  
 Date Received \_\_\_\_\_  
 02-JUL-2002  
 OFFICE INVESTIGATION  
 8013144