

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4238          www.nhtsa.dot.gov/hotline</p>		<b>FOR AGENCY USE ONLY 1399</b> Date Received <u>05-DEC-2002</u> 07 JAN 12 PM OFFICE DEFECTS INVESTIGATION Od. or rt. at _____ ad. rt. _____ up. fr. _____ Reference No. <u>8023800</u> Work Number _____ Home Number _____	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>SALT LAKE UT</b>			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date _____			
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1B4QP44R5TB101621	DODGE TRUCK	GRAND CARAVA	1998
Purchase Date <u>3/00</u>	Dealer's Name _____		Engine Siz (CID/CC/L) <u>3.2L</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders <u>6</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Trail	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck	
<b>FAILED COMPONENT (SPART(S)) INFORMATION</b>			
Component 13730000	Part Name(s) STRUCTURE:HOOD ASSEMBLY:LATCHES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>7</u>	Date(s) of Failure(s) <u>05-DEC-2002</u> Mileage at Failure(s) <u>110000</u> 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
<b>APPLICATION INCIDENT INFORMATION</b> (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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<b>CONSUMER CALLED COMPLAINING ABOUT THE ALL SEAT BELT LACTCHES ARE UNSAFE AND IMPROPERLY ASSEMBLY BY THE MANUFACTURER. DEALER HAS BEEN NOTIFIED. PLEASE PPROVIDE FURTHER INFORMATION. TS</b>			

CONTINUE ON BACK IF NEEDED

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

All seat belt latches come unlatched too easily. The latch assembly button sticks up too far and when one of my children step on it, it comes undone. I watched Bret Gephardt on KUTV News and they did a ball test on the latches to see what they were unsafe - I did it on my van, it came undone too easily. I am worried about being in a crash and losing one of my children. Please make change. Recall these parts before anyone has to die.

Thank you,



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information: nhtsa.gov

DOT Auto Safety Hotline  
(DASH) 2 DOT

1-888-DASH-2-DOT  
1-888-327-4236

DASH2DOT  
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



VEHICLE  
OWNER'S