

U.S. Department
of TransportationNational 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 118

Date Received

16-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857050

 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) (located at front of windshield on drivers side) 1P4FH44RXRX129337	Vehicle Make PLYMOUTH TRUC	Vehicle Model GRAND VOYAGE	Vehicle Year 1994	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☒ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08000000	Part Name(s) ELECTRICAL SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>08-AUG-1999</u> Mileage at Failure(s) <u>09000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE THE VAN IS BEING DRIVEN, THE DOOR AJAR LIGHTS AND THE INTERIOR LIGHTS COME ON AND THE CHIMMING BELL BEGINS TO CHIME FOR NO REASON. ALSO, INTERMITTENTLY, THE SLIDING DOOR CANNOT BE OPEN FROM THE INSIDE OR OUTSIDE. THE MANUFACTURE WAS NOTIFIED ABOUT THE PROBLEMS. THE PROBLEM HAVE NOT BEEN CORRECTED. PLEASE PROVIDE ANY FURTHER INFORMATION.

CONTINUED ON BACK (11888)

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.



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OFFICE
DEFECTS INVESTIGATION

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Reference No.

857050

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an

☒ YES ☐ NO

and address to the vehicle manufacturer.

Signature of Owner

Date 5/10/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

1P4FH44RXX129337

Vehicle Make

PLYMOUTH TRUC

Vehicle Model

GRAND VOYAGE

Vehicle Year

1994

Current Odometer Reading

97,000

Purchase Date

8/99

Dealer's Name

Engine Size
(CID/CC/L)
☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

☐ New ☒ Used

City State Zip Code

No Cylinders

Transmission Type

☐ Manual
☒ Automatic

Antilock Brakes

☒ Yes
☐ No

Restraint System

☐ 3-Point Belt ☐ Motorbelt
☐ Driverside Airbag ☒ 2-Point Belt
☐ Passengerside Airbag

Cruise Control

☐ Yes
☒ No

Drive Train

☐ Front
☐ Rear
☐ 4-Wheel

Vehicle Type

☐ Car ☐ Sport UR
☒ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

Body Style

☐ 2-Door
☐ 4-Door
☐ Stationwagon
☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
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Part Name(s)

ELECTRICAL SYSTEM

Location

☐ Left ☐ Right
☐ Front ☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 08-AUG-1999

Mileage at Failure(s) 69000

Vehicle Speed at Failure(s)

Failed Part(s)
Available?
☐ Yes ☐ No
NHTSA Previously
Contacted?
☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Families

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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CONTINUE ON BACK IF NEEDED

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