Form Approved O.M.B. No. 2127-0039

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** 241

Date Received: 14-MAR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 858529

[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.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1B4GP44R2TB433318 | DODGE TRUCK | CARAVAN | 1996 | |

Purchase Date: ☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

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

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

| Component | Par. Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06136000 | FUEL:FUEL PUMP | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

No of Failures

Date(s) of Failure(s) 04-MAR-2000
Mileage at Failure(s) 20000
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 | 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)

**PROBLEM WITH GETTING A MANUFACTURER'S RECALL CONCERNING FUEL PUMP HONORED. NO ACCESSIBLE AUTHORIZED DEALER. CONTACTED DEALER IN ANCHORAGE, AND INFORMED CONSUMER TO FILL TANK WITH FUEL. HOWEVER, IF VEHICLE SHOWED NO SIGN OF LEAKAGES, NOT TO WORRY ABOUT IT. SEEKING HELP FROM NHTSA IN THIS MATTER. *AK**

CONTINUED ON BACK IF NEEDED

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** 241

Date Received: RECEIVED
00 APR -4 AM
14-MAR-2000
OFFICE OF DEFECTS INVESTIGATION

Old_or
rt_dt
dat_rcl
up_tkr

Reference No.
858529

## OWNER INFORMATION (Type or Print)

[redacted]

Work Number [redacted]
Home Number

*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 [redacted] Date 3/27/00

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1B4GP44R2TB433318 | DODGE TRUCK | CARAVAN | 1996 | 28,954 |

Purchase Date: 9/4/96
☒ New ☐ Used

Dealer's Name: Glover Dodge
City: Broken Arrow State: OK Zip Code:

Engine Size (CID/CC/L):
No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06136000 | FUEL:FUEL PUMP | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failures | | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | Date(s) of Failure(s): 04-MAR-2000<br>Mileage at Failure(s): 28000<br>Vehicle Speed at Failure(s): | ☐ Yes ☐ No | ☐ 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)

**PROBLEM WITH GETTING A MANUFACTURER'S RECALL CONCERNING FUEL PUMP HONORED. NO ACCESSIBLE AUTHORIZED DEALER. CONTACTED DEALER IN ANCHORAGE, AND INFORMED CONSUMER TO FILL TANK WITH FUEL. HOWEVER, IF VEHICLE SHOWED NO SIGN OF LEAKAGES, NOT TO WORRY ABOUT IT. SEEKING HELP FROM NHTSA IN THIS MATTER. *AK**

CONTINUE ON BACK IF NEEDED

Form Approved O M B No. 2127-0008

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# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 119

Date Received: RECEIVE
02-MAR-2000
OFFICE OF DEFECTS INVESTIGATION

Odi_or
rt_dt
odi_ltr
up_ltr

Reference No. 857789

## OWNER INFORMATION (Type or Print)

DAVID BLACK 593320
511 COLUMBIA ROAD
ANNANDALE VA 22003

Work Number 703-288-3900
Home Number

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* [X] YES [ ] NO
*In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.*

Signature of Owner [signature] Date 3/27/00

## VEHICLE INFORMATION

| Vehicle Iden. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1FMRU18W7WB00478 | FORD TRUCK | EXPEDITION | 1998 | 19531 |

Purchase Date 9-7-98 [X] New [ ] Used
Dealer's Name CENTURY FORD, INC
City ROCKVILLE State MD Zip Code 20852
Engine Size (CID/CC/L ____ No Cylinders ____
[ ] Turbo [ ] Diesel [X] Gas [ ] Fuel Injection

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

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 03250000 | BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | [ ] Left [ ] Right [ ] Front [ ] Rear | [X] Original [ ] Replacement |

No of Failures
Date(s) of Failure(s) 11/99, 2/99, 2/10/00, 2/24/00
Mileage at Failure(s) 453, 5727, 19154, 19531
Vehicle Speed at Failure(s) NR, 10, NR, 15

Failed Part(s) Available? [X] Yes [ ] No
NHTSA Previously Contacted? [ ] Yes [X] 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 [X] No | [ ] Yes [X] No | | | | [ ] Yes [X] No |

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

**WHEN TRAVELING AND UPON DEPRESSING BRAKE PEDAL TO MAKE A SUDDEN STOP CONSUMER NOTICED BRAKE FADING AWAY AND CAUSING EXTENDED STOPPING DISTANCE. CONSUMER HAS CONTACTED THE DEALER, DEALER UNABLE TO DETERMINE THE CAUSE. PLEASE PROVIDE ANY FURTHER DETAILS. *AK**

POWER IN BRAKES HAS FAILED TWICE ON THIS VEHICLE. THE POTENTIAL FOR SERIOUS DAMAGE TO PROPERTY & PEOPLE IS HIGH, DUE TO THIS BRAKING FAILURE. I HAVE TAKEN VEHICLE IN FOR SERVICE FOUR TIMES FOR ABS WARNING LIGHT ILLUMINATING AND TWICE FOR

CONTINUE ON BACK IF NEEDED