

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 333

Data Received

05-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

859721

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07301000	Part Name(s) 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
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No. of Failures	Date(s) of Failure(s) <u>05-MAR-2000</u> Mileage at Failure(s) <u>9900</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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 checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IN THE DRIVEWAY WAS ABLE TO MOVE GEAR SHIFT LEVER WITHOUT STEPPING ON THE BRAKES. CONTACTED DEALER, AND WAS TOLD THAT THEY CHANGED THE DESIGN IN THE 99 MODELS. *AK

CONTINUED ON BACK PLEASE

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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Date Received: 05-APR-2000
 RECEIVED
 00 MAY -2
 05-APR-2000
 DEFECTS DIVISION

Ref No: _____
 File No: _____
 Date: _____
 Time: 9:59
 up to: _____

Reference No. 859721

Work Number: _____
 Home Number: _____

OWNER INFORMATION (Type or Print)

[Redacted] 801181

Do you authorize NHTSA to provide your name and address to the manufacturer of your vehicle?
 In the absence of an authorized signature, provide your name and address to the vehicle manufacturer. NO

Signature of Owner: [Redacted] Date: 4/12/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) 2B4GP44R7XR477211 (located at bottom of windshield on driver's side)
 Vehicle Make: DODGE TRUCK Vehicle Model: GRAND CARAVA Vehicle Year: 1999 Current Odometer Reading: 9982

Purchase Date: 7/6/99 Dealer's Name: Goss Dodge Engine Size (CID/CC/L): _____
 New Used City: Burlington State: Vt Zip Code: 05401 No. Cylinders: 6
 Turbo Diesel Gas Fuel Injection

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 Util Van Truck Minivan Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s): <u>06-MAR-2000</u> Mileage at Failure(s): <u>6900</u> Vehicle Speed at Failure(s): _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

IN THE DRIVEWAY WAS ABLE TO MOVE GEAR SHIFT LEVER WITHOUT STEPPING ON THE BRAKES. CONTACTED DEALER, AND WAS TOLD THAT THEY CHANGED THE DESIGN IN THE 99 MODELS. *AK
 very concerned about the safety of this ~~car~~

CONTINUE ON BACK IF NEEDED

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