



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 436**

Data Received  
**07-APR-2000**

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.  
**859905**

Work Number \_\_\_\_\_  
Home Number **303-373-2749**

**OWNER INFORMATION (Type or Print)**

**KARNARD JORDAN 601851**  
**14585 E 51ST PL**  
**DENVER CO 80239**

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 top of windshield or driver's side)</small><br><b>1P4H2438RX192243</b> | Vehicle Make<br><b>PLYMOUTH TRUC</b> | Vehicle Model<br><b>GRAND VOYAGE</b> | Vehicle Year<br><b>1994</b> | Current Odometer Reading |
|---|--------------------------------------|--------------------------------------|-----------------------------|--------------------------|

|   |                                       |                              |   |
|---|---------------------------------------|------------------------------|---|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo          |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           | <input type="checkbox"/> Diesel         |
|   |                                       |                              | <input type="checkbox"/> Gas            |
|   |                                       |                              | <input type="checkbox"/> Fuel Injection |

|  |   |  |  |  |   |   |
|--|---|--|--|--|---|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|--|--|--|---|---|

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

|   |   |   |   |
|---|---|---|---|
| Component<br><b>12111200<br/>03250000</b> | Part Name(s)<br><b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT<br/>BRAKES: HYDRAULIC: ANTI-SKID SYSTEM</b> | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|---|---|---|---|

|                |  |   |   |
|----------------|--|---|---|
| No of Failures | Date(s) of Failure(s) <b>04-APR-2000</b><br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|--|---|---|