

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 241

Date Received

21-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

860754

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	DODGE TRUCK	GRAND CARAVA	1996	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12110000 09500000	INTERIOR SYSTEMS:PASSIVE RESTRAINT AIR BAG COMMUNICATIONS:HORN ASSEMBLY	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	15-FEB-2000	105000		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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)

VEHICLE EXPERIENCING PROBLEM WITH AIR BAG SENSOR LIGHT REMAINING ON. DEALER NOTIFIED, AND INFORMED CONSUMER THAT PROBLEM WAS DUE TO A CLOCK SPRING WHICH NEEDED REPLACEMENT. ALSO, HORN FAILURE WAS CAUSED BY AIR BAG MOVING ON TO RELAY SWITCH. DEALER INFORMED THAT REPAIRS WOULD COST CONSUMER \$950.00. *AK

CONTINUED 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted]		RECEIVED 00 MAY 18 2000 26 OFFICE AFFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized representative to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>5/10/00</u>	
Signature of Owner _____		Reference No. 860754	
Work Number _____		Home Number _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 204GP44R5TR686036 PLEASE FILL IN	Vehicle Make DODGE	Vehicle Model GRAND CARAVA	Vehicle Year 1996
Current Odometer Reading 106,685		Purchase Date _____	
Dealer's Name <u>Courtesy Auto World</u> City <u>Port Clinton</u> State <u>OH</u> Zip Code <u>43452</u>		Engine Size (CID/CC/L) <u>3.3L</u> No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		FAILED COMPONENT(S)/PART(S) INFORMATION	
Component 12110000 09500000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG COMMUNICATIONS:HORN ASSEMBLY	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
No. of Failures _____	Date(s) of Failure(s) <u>15-FEB-2000</u> Mileage at Failure(s) <u>105000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 <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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE EXPERIENCING PROBLEM WITH AIR BAG SENSOR LIGHT REMAINING ON. DEALER NOTIFIED, AND INFORMED CONSUMER THAT PROBLEM WAS DUE TO A CLOCK SPRING WHICH NEEDED REPLACEMENT. ALSO, HORN FAILURE WAS CAUSED BY AIR BAG MOVING ON TO RELAY SWITCH. DEALER INFORMED THAT REPAIRS WOULD COST CONSUMER \$950.00. *AK			
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990449

82788



TOD

MOTOR SALES INC.

2577 W. STATE ST. AT MUSKELLUNGE

P.O. BOX 1130

FREMONT, OHIO 43420

TELEPHONE (419) 332-8291

TOLL FREE IN OHIO

1-800-472-3448

INVOICE

PAGE

SERVICE ADVISOR: 9615 CRAIG REITER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLUE	1996	DODGE CARAVAN	2B4GP44R5TR686036		104991/104991		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22MAR1996	01MAR96	22MAR1999	17:00 14APR00		0.00	CASH	14APR2000
R.O. OPENED	READY	OPTIONS: DLR:64225 ENG:3.3 TRN:4 TE					
14APR00	14APR00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER STATES THAT THE HORN IS INOPERATIVE BUT BLOWS WHEN TURNING

THE WHEEL LEFT-SOP

810 ELECTRICAL SYSTEM

9802 BOEHLER, KEVIN LIC#: 6502

ISA

(N/C)

AIR BAG LAMP IS ON AND THE HORN IS INOPERATIVE WITH THE SWITCH OR WILL SOUND WHILE TURNING THE WHEEL.. FOUND THAT THE CLOCKS PRING IS DEFECTIVE AND THE HORN SWITCH IS ENGAGED AT ALL TIMES.. COST TO REPLACE THE HORN SWITCH AND THE CLOCKS PRING WOULD BE @ \$950.. CUSTOMER WAS ADVISED AND NO REPAIRS PERFORMED.. MAY RESCHEDULE TO DIAG NOSE IF AIR BAG REPAIR CAN BE PERFORMED WITHOUT HORN REPAIR.. AIR BAG IS NOT OPERATING CORRECT LY AT THIS TIME..

TOD

MOTOR SALES INC.

2577 W. STATE ST. - PH. 332-8291

FREMONT, OHIO 43420

IN OHIO CALL TOLL-FREE 1-800-472-3448

SEE US FOR DAILY RENTALS AND LEASING

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY