

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

19-JUN-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

863752

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 vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2P4FP25B1TR511329	PLYMOUTH TRUC	VOYAGER	1996	

Purchase Date

Dealer's Name

Engine Size

(CID/CCL

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☒ Used

City _____ State _____ Zip Code _____

No. Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☒ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Car☐ Sport Vlt☐ 2-Door☐ Automatic☒ No☒ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Other☐ Passengerside Airbag☐ 4-Wheel☐ Minivan☐ Motorcycle☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06136000	Part Name(s) FUEL:FUEL PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s) 70600

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA 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)

RECALL # 99V216000 DAIMLERCHRYSLER /FUEL PUMP; VAN HAS BEEN SERVICED UNDER RECALL CAMPAIGN TWICE. THE VAN WAS SERVICED FIRST RIGHT AFTER MEMORIAL DAY, AND SERVICED AGAIN ABOUT 4 OR 5 DAYS LATER. FUEL CONTINUES TO LEAK FROM THE VAN. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE 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.

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National Highway Traffic Safety Administration

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DATE RECEIVED
NO AUG - 1 PM 3:15
19-JUN-2000
OFFICE
EFFECTS INVESTIGATION
REFERENCE NO. 663752

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
YES ☒ NO ☐
In the absence of your signature, the signature of the manufacturer is required.

Signature of Owner
Date 7/17/00

Vehicle Information

Vehicle Ident. No. (VIN) 2P4FP26B1TR511329
Vehicle Make PLYMOUTH TRUC
Vehicle Model VOYAGER
Vehicle Year 1996
Current Odometer Reading

Purchased Date
Dealer's Name
City
State
Zip Code

Engine Size
(CID/CCL)
No Cylinders
Fuel Injection
Turbo
Diesel
Gas

Transmission Type
Automatic
Manual
Articulation Type
Articulation System
3-Point Belt
2-Point Belt
Motorbelt
Passenger Side Airbag

Cruise Control
Drive Train
Front
Rear
4-Wheel

Vehicle Type
Car
Van
Minivan
Other
Sport Ute
Truck
Motorcycle

Body Style
2-Door
4-Door
Stationwagon
Pick Up Truck
Other

Failed Component(s)/Part(s) Information

Component 08134000
Part Name(s) FUEL: FUEL PUMP
Location
Left
Right
Front
Rear
Failed Part(s)
Original
Replacement

Failed Part(s) Information

Failed Part(s) Information

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

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

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Address
Phone

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I have also had problems with the Abs System from the day I drove it off the lot. We had it serviced for this problem at least 6 times and the problem still is there. Also there has been a problem with the electrical system. Sometimes the turn signals don't work and the headlights will turn on when I'm sitting in the driveway.

When the Abs system goes out there is a short time when there are no brakes until the regular ones kick in, which caused me to almost hit someone's head on.

U.S. G.P.O.: 1992-623-987/60269

U.S. Department
of Transportation

National Highway Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

