

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

26-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

864269

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B3CB56U4MH803444	DODGE	MONACO	1991	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input 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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) 17-MAY-2000 Mileage at Failure(s) 115000 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)

RECALL 95V213000/ACTIVE SEAT AND SHOULDER BELT: DEALER REFUSING TO HONOR RECALL. FEEL FREE TO PROVIDE FURTHER DETAILS. *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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p> <p>00 JUL 18 AM 10:28 26-JUN-2000 OFFICE SPEECS INVESTIGATION</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 617030</p>				<p>Reference No. 864269</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your signature, the manufacturer's name and address to the vehicle manufacturer.</p> <p>Signature of Owner [Redacted] Date 7/5/02</p>				<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p align="center">VEHICLE INFORMATION</p>						
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 2B3CB66U4MH803444</p>		<p>Vehicle Make DODGE</p>	<p>Vehicle Model MONACO</p>	<p>Vehicle Year 1991</p>	<p>Current Odometer Reading</p>	
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name _____ City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____ No. Cylinders _____</p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	
<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style</p> <p><input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>		<p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>						
<p>Component 1213000*</p>	<p>Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS</p>			<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures</p>	<p>Date(s) of Failure(s) 17-MAY-2000 Mileage at Failure(s) 115000 Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>						
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>						
<p>RECALL 95V213000/ACTIVE SEAT AND SHOULDER BELT: DEALER REFUSING TO HONOR RECALL. FEEL FREE TO PROVIDE FURTHER DETAILS. *AK</p>						
<p align="right">CONTINUE ON BACK IF NEEDED</p>						
<p>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.</p>						