

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 255

Date Received

22-AUG-2000

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

Reference No.

868266

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
	DODGE TRUCK	GRAND CARAVA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <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 <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location	Failed Part(s)
		<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?   Yes   No	NHTSA Previously Contacted?   Yes   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	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)

THE BRAKE ROTORS ON THIS VEHICLE ARE WARPED CASUING A LOSS OF BRAKES. THESE ARE THE SAME ROTORS THAT ARE ON THE JEEP THAT HAVE BEEN RECALLED. THE DEALER HAS BEEN CONTACTED.

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 255</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DATE RECEIVED 22-AUG-2000 OFFICE OF DEFECTS INVESTIGATION</p>		<p>Order # _____ It # _____ od # _____ up # _____</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 868266</p>	
<p>628473</p>				<p>Work Number _____ Home Number _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____</p>				<p>Date 7/11/00</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Location: at bottom of windshield on driver's side) 1B4GP54R4TA167886</p>		<p>Vehicle Make DODGE TRUCK</p>	<p>Vehicle Model GRAND CARAVA</p>	<p>Vehicle Year 1996</p>	<p>Current Odometer Reading 33000</p>
<p>Purchase Date _____</p>		<p>Dealer's Name <u>Hankel Dodge</u></p>		<p>Engine Size (CID/CC/L) <u>3.3</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20815</u></p>		<p>No Cylinders <u>6</u></p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>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</p>		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
		<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util Truck <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>		<p>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 _____</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 03273000</p>	<p>Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures _____</p>	<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>BRAKE ROTORS ARE WARPED, CAUSING A LOSS OF BRAKES. THESE ARE THE SAME ROTORS THAT ARE ON THE JEEP THAT HAVE BEEN RECALLED. DEALER HAS BEEN CONTACTED. *AK</p> <p><i>There is only 33000 miles on Van!</i></p>					
<p>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>					

VIN	YR	MODEL	MILEAGE	LICENSE NO	COLOR	RO DATE
	1996	CARAVAN	33,277	013CRA	GREEN	08/15/00

Registration No: F139080

**TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE**

I hereby authorize the repair work hereat set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays in parts shipment by supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garage receipt is hereby acknowledged on the vehicle to secure the amount of repairs hereto. I understand pursuant to said express garage receipt that I have no right of possession to the vehicle until repairs hereto have been paid for in full or until you and/or your employees have voluntarily released the vehicle to me.

**Wright's Automotive**  
PO Box 217  
Battle Creek MI 49016-0217  
616-988-3111

PO or Waiver  
Other PO

WAIVER  
WRITTEN BY  
SUPERVISOR

PHONE  
(616) 983-5083  
390-4158

**Signature:**

The Factory Warranty Constitutes All Of The Warranties With Respect To The Sale Of This Vehicle/Item. The Seller Hereby Expressly Disclaims All Warranties, Either Express Or Implied Including Any Implied Warranty Of Merchantability Or Fitness For A Particular Purpose. And The Seller Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In Connection With The Sale Of This/These Items.

TONY MAHONEY  
BATTLE CREEK MI 49017

Save Parts  
Discard Parts  
Cust. Int.

BY LAW AN ESTIMATE FOR PARTS AND LABOR CAN BE WRITTEN ON THIS FORM

**YOU ARE ENTITLED TO A COPY OF THIS WORK ORDER AT THE TIME OF YOUR SIGNATURE**

QTY	PART NUMBER / DESCRIPTION	ESTIMATED AMOUNT	ACTUAL AMOUNT	MECH REPAIR ORDER - LABOR INSTRUCTIONS	APPROX ESTIMATED ACTUAL TIME	AMOUNT
2.0	FRONT LOADED CALIPERS *	153.98	153.98	JM. FRDNT BRAKE JOB	* 1.00	60.80
2.0	FRONT ROTORS *	125.98	125.98	DW. CHARGE A/C SYSTEM	* 0.50	30.00
1.0	BRAKE FLUID *	5.00	5.00			30.00
ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED		284.94	284.94	TOTAL TIME AND LABOR	1.50	90.00
OUTSIDE REPAIRS				TOTAL PARTS		284.94
GASOLINE & OIL				TOTAL GAS, OIL		
GALLONS GAS				TOTAL OUTSIDE REPAIRS		
QUARTS OIL				TOWING/ROAD SERVICE		
TRANS/DIFF/ATF				TOTAL ENVIRONMENTAL		90.00
TOTAL				TOTAL SHOP CHARGE		6.00
- CERTIFICATION -				SUB TOTAL		380.94
ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN REPAIR ACT (P.A. 300)				SALES TAX		17.10
X				TOTAL		398.04

\* DATA NOT SUPPLIED BY MOTOR INC

**YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURE OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO YOU.**

AUTHORIZED INCREASE APPROVED HOW CONTACTED  
ESTIMATED BY:

**REMINDEES**

Next Oil Change: \_\_\_\_\_ miles  
Next Tuneup: \_\_\_\_\_ miles  
Next Service: \_\_\_\_\_ miles

Or  
Or  
Or