

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

12-SEP-2000

| | |
|--------|-------|
| Od_or | _____ |
| rt_dt | _____ |
| od_rt | _____ |
| up_ltr | _____ |

Reference No.

870236

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 |
|--|--------------|---------------|--------------|--------------------------|
| 1B4GP54LSTB503265 | 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 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"/> Inertia Bell <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 checked="" 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 | Part Name(s) | Location | Failed Part(s) |
|-----------|--------------------------|--|---|
| 05130000 | ENGINE:PULLEY:CRANKSHAFT | <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? |
|-----------------|-----------------------|-----------------------|-----------------------------|--|--|
| | 30-AUG-2000 | 38651 | | <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)

IDLE TENSION PULLEY BROKEN WHILE TRAVELING. TOWED TO DEALER FOR REPAIRS. PLEASE FEELFREE TO PROVIDE FURTHER DETAILS. *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.

Vehicle Owner's Questionnaire (VOQ)

Date Received: 00 SEP 28 PM 1:58
 Office: DEFECTS INVESTIGATION
 Reference No: 870236

Work Number: 637384
 Signature of Owner: [Redacted]

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.

Vehicle Identification No. (VIN): 1B4GP54L7B603265
 Vehicle Make: DODGE TRUCK
 Vehicle Model: GRAND CARAVA
 Vehicle Year: 1996
 Current Odometer Reading: 38882

Purchase Date: 7-98
 Dealers Name: Alexrod Chrysler Dodge Inc.
 City: [Redacted] In state: OH zip code: 44281
 Engine Size (CID/CYL): 3.8
 No. Cylinders: 6
 Fuel Injection: Gas Diesel Turbo

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt 2-Point Belt Driver Side Airbag Passenger Side Airbag
 Cruise Control: Yes No
 Drive Type: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

Component: 05130000
 Part Names: ENGINE:PULLEY;CRANKSHAFT
 Location: Front Rear Right Left
 Failed Part(s): Original Replacement

No. of Failures: _____
 Date(s) of Failure(s): 30-AUG-2000
 Mileage at Failure(s): 38651
 Vehicle Speed at Failure(s): _____
 Failed Part(s): _____
 Previously: 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)

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

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: _____
 Number of Fatalities: _____
 Estimated Property Damage: _____
 Reported to Police: Yes No

FREE TO PROVIDE FURTHER DETAILS. *AK
 Idle Tension Pulley Broken While Traveling, Towed to Dealer for Repairs. Please

Good luck driving & would have hit car coming the opposite direction. The user, bringing a light load from off ramp into 5 lanes of traffic. Fortunately my husband had the strength to pull (yell) the van back into our lane. 89 mile

Form Approved O.M.B. No. 2127-0008
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