

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 130

Date Received

12-SEP-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

870284

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
1B4GH44ROSX620586	DODGE TRUCK	GRAND CARAVA	1995	

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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility Truck Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05130000	Part Name(s) ENGINE:PULLEY:CRANKSHAFT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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) _____ Mileage at Failure(s) 37778 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 <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)

BOLT THAT HELD TENSIONER BELT TO ENGINE BLOCK HAS SNAPPED OFF. HALF OF THE BOLT WAS STILL LEFT ON THE ENGINE BLOCK . THERE WAS NO EVIDENCE OF RUST. *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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 16C	
 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] 637523		DEFECTS INVESTIGATION Date Received: 09 OCT -3 PM 2:10 12-SEP-2000 OFFICE INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner: [Redacted] Date: 9/24/2000	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year
1B4GH44R0SX620588	DODGE TRUCK	GRAND CARAVA	1995
Current Odometer Reading	37,779		
Purchase Date	Dealer's Name	Engine Siz (CID/CCA)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders 6	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <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 <input checked="" type="checkbox"/> Truck <input checked="" type="checkbox"/> VAN	
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 checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1 +	SEPT. 11, 2000		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) 37779		
	Vehicle Speed at Failure(s) 10 MPH		
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 Fatalitie
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damag	Reported to Polic		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BOLT THAT HELD TENSIONER BELT TO ENGINE BLOCK HAS SNAPPED OFF. HALF OF THE BOLT WAS STILL LEFT ON THE ENGINE BLOCK. THERE WAS NO EVIDENCE OF RUST. *AK We were traveling at 10MPH, slowing for a construction flagman. We heard a clunk, but couldn't see anything on the road. The "DOOR AGAR" WARNING LIGHT came on, but no other warnings appeared. As we stopped and waited to proceed, there were no other apparent problems. As we started again, we noticed			
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.			

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)

- a lack of steering control. we passed the 2 miles of construction (not on the highway, but in the ditches); and pulled off the road. when I checked under the hood, I found the belt just lying there loose; the tensioner pulley had broken off and lying beside the engine. the pressure belt holding the tensioner bracket on to the frame had snapped off. there isn't any damage to the belt itself. I have called three dealers, locally, and they cannot recall any other incidents of this nature. I have contacted CHRYSLER, and have received conflicting reports of "no other incidents" to "several reports of the same thing". when asked how many reports there were, I was told that was "In House Information ONLY", and doesn't need to be reported.

U.S. G.P.O.: 1982 - 672-887 / 80088

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

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Penalty for Private Use \$300



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

