

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 252

Date Received

19-SEP-2000

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

Reference No.

870924

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
1B4GP44RXVB470152	DODGE TRUCK	CARAVAN	1997	

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"/> Inertial <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 <input type="checkbox"/> 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 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC	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) 01-SEP-1999 Mileage at Failure(s) 71000 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)

SHE WAS TRAVELING ABOUT 35MPH ON THE HIGHWAY. THE TRANSMISSION WAS REPLACED BY WARRANTY THE TRANSMISSION WAS MAKING GRINDING NOISE AND THE GEARS WOULD JERK WHEN YOU PUT IT IN PLACE. THE VEHICLE WILL NOT GO INTO REVERSE AND THERE IS NO POWER IN NONE OF THE GEARS.

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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Date Received: **08 OCT 11 PM 12:55**  
**19-SEP-2000**

Ord. or  
r. dt  
ad. rt  
up. tr

OFFICE  
DEFECTS INVESTIGATION

Reference No.

**870924**

OWNER INFORMATION (Type or Print)

**640213**

Work No.

Home No.

Do you authorize the manufacturer of your vehicle to report to the manufacturer of your vehicle?  YES  NO  
I NOT provide your name and address to the vehicle manufacturer.  
Signature of \_\_\_\_\_ Date   /  /  

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1B4GP44RXVB470152** Vehicle Make **DODGE** Vehicle Model **GRAND CARAVAN** Vehicle Year **1997** Current Odometer Reading **41,400**

Purchase Date **9/11/97** Dealer's Name **Auto World** Engine Size (CID/GCC) **unknown** Turbo  Diesel  Gas  Fuel Injection   
 New  Used City **Petaluma** State **CA** Zip Code **94952** No Cylinders **6**

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport UTV  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **07300000** Part Name(s) **POWER TRAIN: TRANSMISSION: AUTOMATIC** Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement **both**

No of Failures **2** Date(s) of Failure(s) **01-SEP-1999, 9/18/00** Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  No  
Mileage at Failure(s) **27,030, 41,000**  
Vehicle Speed at Failure(s) **35 mph, ALL**

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 **0** Number of Fatalities **0** Estimated Property Damage **0** Reported to Police:  Yes  No

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

CONSUMER WAS TRAVELING ABOUT 35MPH ON ~~Highway~~ **street**. TRANSMISSION WAS REPLACED BY WARRANTY BECAUSE TRANSMISSION WAS MAKING GRINDING NOISE, AND GEARS WOULD JERK WHEN PUT IN PLACE. VEHICLE WOULD NOT GO INTO REVERSE, AND THERE WAS NO POWER IN ANY OF THE GEARS. \*AK for incident 9/1/99.  
Incident on 9/18/00 - complete failure was not achieved. Both drivers of vehicle felt transmission was not performing properly. Auto World Service Dept informed owner that transmission needed replacement. This occurred approximately 13,000 miles after first transmission was replaced.

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