

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 335

Date Received

06-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872459

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4GP4531VR308633	DODGE TRUCK	CARAVAN	1997	

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 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<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 Ult. 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 07220000	Part Name(s) POWER TRAIN:TRANSMISSION:4 SPEED	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 0	Date(s) of Failure(s) 01-SEP-2000 Mileage at Failure(s) 57606 Vehicle Speed at Failure(s) 2	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	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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN PUTTING CAR IN PARK IT MADE A FUNNY NOISE, CONSUMER PUT IT IN REVERSE, AND IT WOULD NOT MOVE. CONSUMER HAD CAR TOWED TO DEALER. MECHANIC SAID IT WAS TRANSMISSION, AND BITS OF PIECES OF METAL WAS EVERYWHERE, LIKE IT HAD EXPLODED.*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</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p>	
<p>Signature of Owner _____</p>		<p>Date Recalled <u>06-OCT-2000</u></p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Reference No. <u>872459</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 644710</p>		<p>Work Number _____</p> <p>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</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>	
<p>Signature of Owner _____ Date <u>10/19/00</u></p>					
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p><u>2B4GP4531VR308633</u></p>		<p>Vehicle Make</p> <p><u>DODGE TRUCK</u></p>	<p>Vehicle Model</p> <p><u>CARAVAN</u></p>	<p>Vehicle Year</p> <p><u>1997</u></p>	<p>Current Odometer Reading</p> <p><u>57637</u></p>
<p>Purchase Date _____</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>GREEN GIFFORD MO. CORP.</u></p> <p>City <u>NORFOLK</u> State <u>VA</u> Zip Code <u>23518</u></p>		<p>Engine Size (CID/CC/L) <u>3.0</u></p> <p>No. Cylinders <u>V6</u></p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>AntiLock Brakes</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style</p> <p><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 align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p><u>07220000</u></p>	<p>Part Name(s)</p> <p><u>POWER TRAIN:TRANSMISSION:4 SPEED</u></p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p><u>0</u></p>	<p>Date(s) of Failure(s) <u>01-SEP-2000</u></p> <p>Mileage at Failure(s) <u>57609</u></p> <p>Vehicle Speed at Failure(s) <u>0</u></p>		<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(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><u>0</u></p>	<p>Number of Fatalities</p> <p><u>0</u></p>	<p>Estimated Property Damage</p> <p><u>2,305.00</u></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>WHEN PUTTING CAR IN PARK IT MADE A FUNNY NOISE, CONSUMER PUT IT IN REVERSE ,AND IT WOULD NOT MOVE. CONSUMER HAD CAR TOWED TO DEALER. MECHANIC SAID IT WAS TRANSMISSION, AND BITS OF PIECES OF METAL WAS EVERYWHERE, LIKE IT HAD EXPLODED.*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 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>					