



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

Data Received 25-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 873860	

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> 1B4GT44L8VB322976	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06020100	Part Name(s) FUEL:ENG:TANKS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <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) <u>25-OCT-2000</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>73000</u>		
	Vehicle Speed at Failure(s) _____		

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)

WHILE PULLING INTO A SCHOOL DRIVEWAY TO LET OUT HIS CHILD, THE FUEL TANK COMPLETELY DROP OFF UNDERNEATH THE VEHICLE. DEALER NOTIFIED AND REPAIRS BEING MADE AT CONSUMER COST. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS:

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.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

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Date Received

NOV 14 AM 9:46
25-OCT-2000

Od_or _____
rt_dt _____
od_rt _____
up_lr _____

DEFECTS INVESTIGATION

Reference No.

873860

OWNER INFORMATION (Type or Print)

650743

Work Number

Home No. _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized address to the vehicle manufacturer.

 YES NO

Signature of Owner _____

Date 11/6/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1B4GT44L8VB322976	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1997	Current Odometer Reading 74,000		
Purchase Date 12-19-96	Dealer's Name MUSSELMAN'S DODGE		Engine Size (CID/CO/L) 3.8 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City BALTIMORE State MD Zip Code 21228		No Cylinders 6			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 25-OCT-2000 Mileage at Failure(s) 73000 Vehicle Speed at Failure(s) 20 MPH	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	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)

WHILE CONSUMER PULLED INTO A SCHOOL DRIVEWAY TO LET OUT HIS CHILD, FUEL TANK COMPLETELY DROPPED OFF UNDERNEATH THE VEHICLE. DEALER NOTIFIED, AND REPAIRS BEING MADE AT CONSUMER'S COST. PLEASE FEEL FREE TO PROVIDE ANY 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.

We guarantee our service work for 90 days or 4,000 miles, whichever comes first.

CUSTOMER NO. 31190	ADVISOR JOHN ERDMAN	34856	WARD NO. 890	INVOICE DATE 10/25/00	INVOICE NO. DOCS330953
	LABOR RATE	LICENSE NO. 929650M	MILEAGE IN 73848	COLOR GREY/	STOCK NO.
	YEAR / MAKE / MODEL 97 / DODGE / CARAVAN			DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. 1 4 1 4 B B 3 9 6			SELLING DEALER NO.	PRODUCTION DATE 12/01/96
	F.T.E. NO.	P.O. NO. 112		R.O. DATE 10/25/00	
	TATE DODGE, Inc.			7130 Filpple Highway Telephone 761-1500 GLEN BURNIE, MARYLAND 21061	
				MILEAGE OUT MU: 73848	

JOB# 1 CHARGES

LABOR
 JH 1 10002 BODY RELATED REPAIR UNITS: 2.00 TECH(S):10147 146.00
 GAS TANK FELL PARTIALLY OFF OF VEHICLE.
 REMOVE AND ADJUST BRACKETS, LINES, AND WIRES. REPLACE
 MISSING BOLTS. PROPERLY PLACE GAS TANK.

JOB# 1 TOTALS

LABOR 146.00

JOB# 1 JOURNAL PREFIX DOCS JOB# 1 TOTAL 146.00

TOTALS

THANK YOU FOR DOING BUSINESS WITH TATE DODGE.
 YOU MAY RECEIVE A SERVICE SATISFACTION SURVEY FROM
 DIAMLER/CHRYSLER REGARDING THE SERVICE PERFORMED ON
 YOUR VEHICLE TODAY. IF FOR ANY REASON YOU CAN NOT
 ANSWER COMPLETELY SATISFIED, PLEASE CONTACT YOUR
 SERVICE ADVISOR OR THE SERVICE MANAGER AT 410-863-5428
 IT IS IMPORTANT TO RETURN ALL SURVEYS SO WE MAY BETTER
 ASSIST YOU IN THE FUTURE FOR ALL YOUR NEEDS.

TOTAL LABOR.... 146.00
 TOTAL PARTS.... 0.00
 TOTAL SUBLET... 0.00
 TOTAL G.D.G.... 0.00
 TOTAL MISC CHG. 0.00
 TOTAL MISC DISC 0.00
 TOTAL TAX..... 0.00

 CASH** CHECK**MOST MAJOR CREDIT CARDS ACCEPTED !!
 LOCAL SHUTTLE SERVICE AVAILABLE SEE ADVISOR FOR DETAILS
 RENTAL CARS ON PREMISES

 FULL SERVICE BODY SHOP FACILITIES AVAILABLE HERE.

TOTAL INVOICE * 146.00

Handwritten:
 MK
 \$146.00