

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 125

Date Received

14-NOV-2000

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

Reference No.

874892

 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 driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3C3EL55HXT297038   | DODGE TRUCK  | DURANGO       | 1998         |                          |

|   |                                       |                              |  |
|---|---------------------------------------|------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><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<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |   |  |   |
|-----------------------|---|--|---|
| Component<br>06110000 | Part Name(s)<br>FUEL:FUEL TANK ASSEMBLY   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

RECALL 99V342000, DEALER REFUSED TO CORRECT RECALL PROBLEM BECAUSE FUEL TANK WAS FULL. ALSO, RECALL INFORMATION GIVES NO INDICATION THAT TANK HAS TO BE EMPTY TO HAVE RECALL PROBLEM COMPLETE. PLEASE GIVE ANY FURTHER DETAILS.\*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.

|  DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline  |  | <b>FOR AGENCY USE ONLY</b> 125<br>Date Received: <u>NOV 29 PM 4:14</u><br><u>14-NOV-2000</u><br>OFFICE: _____<br>EFFECTS INVESTIGATION: _____<br>Reference No. <u>874892</u><br>Work Num: _____<br>Home Num: _____                |  |
|--|--|---|--|
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] <u>656041</u>   |  |   |  |
| 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<br>In the absence of an authorized signature, your name and address to the vehicle manufacturer.<br>Signature of Owner: [Redacted] Date: <u>11/23/00</u>   |  |   |  |
| VEHICLE INFORMATION  |  |   |  |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br><u>3C3EL55HXT297038</u>  | Vehicle Make<br><u>DODGE TRUCK</u>   | Vehicle Model<br><u>DURANGO</u>   | Vehicle Year<br><u>1998</u>  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | Dealer's Name<br>City _____ State _____ Zip Code _____                                 | Engine Size (CID/CC/L)<br>No Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection   |
| Transmission Type<br><input type="checkbox"/> Manual <input type="checkbox"/> Automatic  | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel<br>Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>   |  |   |  |
| Component<br><u>06110000</u>   | Part Name(s)<br><u>FUEL:FUEL TANK ASSEMBLY</u>   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear  | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement   |
| No of Failures   | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s)          | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | Number of Persons Injured   | Number of Fatalities   |
| Estimated Property Damage  |  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |  |   |  |
| <b>RECALL 99V342000, DEALER REFUSED TO CORRECT RECALL PROBLEM BECAUSE FUEL TANK WAS FULL. ALSO, RECALL INFORMATION GIVES NO INDICATION THAT TANK HAS TO BE EMPTY TO HAVE RECALL PROBLEM COMPLETE. PLEASE GIVE ANY FURTHER DETAILS.*AK</b><br><i>Dealer would not fix the brake line recall either. Had to reschedule again!</i>  |  |   |  |
| (CONTINUE ON BACK IF NECESSARY)  |  |   |  |
| 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. |  |   |  |