



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** 294

Data Received

07-DEC-2000

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

Reference No.

876123

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
2B4GP4434TR604518	DODGE TRUCK	GRAND CARAVA	1996	

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"/> Motorbell <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 Ult <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 Truck <input type="checkbox"/> Other _____

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

Component 10310000	Par. Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	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
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 70 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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)

INTERMITTENTLY WINDSHIELD WIPERS BECOME INOPERABLE, OBSTRUCTING VIEW OF DRIVER. VEHICLE AT DEALER'S FOR REPAIR. \*AK

CONTINUED ON BACK (REVERSE)

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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4238  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 284**

Date Received 07-DEC-2000  
 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_hr \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No. 876123

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

[Redacted] 659686

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 1/16/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side) <u>2B4GP4434TR604518</u>	Vehicle Make <u>DODGE TRUCK</u>	Vehicle Model <u>GRAND CARAVA</u>	Vehicle Year <u>1996</u>	Current Odometer Reading <u>78,000</u>
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Purchase Date <u>8/96</u>	Dealer's Name <u>Greenbrook Dodge</u>	Engine Size (CID/CC/L) <u>3.0L</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Fl. Wayne</u> State <u>MD</u> Zip Code <u>46805</u>	No Cylinders <u>6</u>	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input 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 checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>5</u>
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <u>10310000</u>	Part Name(s) <u>VISUAL SYSTEMS:WINDSHIELD WIPER</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
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No of Failures <u>4</u>	Date(s) of Failure(s) <u>07-DEC-2000</u>	Mileage at Failure(s) <u>70</u>	Vehicle Speed at Failure(s) _____	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
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(es) 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)**

**INTERMITTENTLY WINDSHIELD WIPERS BECOME INOPERABLE, OBSTRUCTING VIEW OF DRIVER. VEHICLE AT DEALER'S FOR REPAIR. \*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 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.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

POSTAGE WILL BE PAID BY NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20580

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20580  
Official Business  
Penalty for Private Use \$300

U.S. G.P.O. 5982 - 023.887/00286

whippers intermittently work. They have turned  
off while in use. I am unable  
to turn them on again. At times they  
have also turned on by themselves.  
Not being able to operate the whippers  
has, on several occasions, caused us  
to have to pull over and stop as we  
were unable to see. This has also  
happened on the freeway while driving  
30 mph.

Fold to show Return Address (no stamp needed. Fasten with tape or staples and mail.)									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
THE 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 sidewall or on either side of a sidewall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									

X

RECEIVED BY:

- 1. NO RETURNS ACCEPTED AFTER 15 DAYS.
- 2. RETURNED ITEMS SUBJECT TO 20% HANDLING CHARGE.
- 3. NO RETURNS OR EXCHANGES ON ELECTRICAL OR SPECIAL ORDER ITEMS.
- 4. NO REFUNDS WITHOUT THIS INVOICE.

PAY THIS AMOUNT

51.00

2.95

48.05

SUB-TOTAL



*1051*

*1051*

QTY	UNIT	PART NUMBER / DESCRIPTION	RIN	LIST	NET	AMOUNT
				48.75	48.75	48.75

QTY

LIST

QTY	UNIT	PART NUMBER / DESCRIPTION	RIN	LIST	NET	AMOUNT
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DISCLAIMER OF WARRANTIES

The dealer is not going to any manufacturer's warranty or service contained herein. THE DEALER HEREBY EXPLICITLY DISCLAIMS A J WARRANTY EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC FEES FURNISHED UNDER THIS ORDER.



**ALIANA, INC.**

CHRYSLER-PLYMOUTH  
JEEP - ISUZU - KIA

14375 SOUTH TAMiami TRAIL  
FT. MYERS, FLORIDA 33912  
PHONE: (941) 481-2600





NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

U.S. G.P.O. 1982 - (22-987) - 50288

wipers intermittently work. They have turned  
off while in use and use like. Unable  
to turn them on again. At times they  
have also turned on by themselves. I  
not heard able to operate the wipers  
has, on several occasions, caused us  
to have to pull over and stop as we  
were unable to see. This has also  
happened on the freeway while driving  
30 mph.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

TIRE IDENTIFICATION NO. *									
D	O	T							
* 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.									
MANUFACTURER/TIRE NAME									
SIZE									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
NARRATIVE DESCRIPTION (CONTINUED)									



CUSTOMER COPY



*Handwritten signature or initials*

CASH I CHECK I AMEX I CHARGE I  
 CASHIER I DISCOVER I  
 CUSTOMER SIGNATURE  
*[Handwritten Signature]*

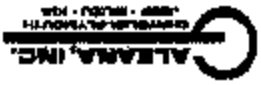
TOTAL LABOR... 209.80  
 TOTAL PARTS... 374.35  
 TOTAL SUBLET... 0.00  
 TOTAL G.O.G... 0.00  
 TOTAL MISC CHG... 10.00  
 TOTAL MISC DISC... 58.42  
 TOTAL TAX... 32.14  
 TOTAL INVOICE... 567.87

TOTALS

CUSTOMER NO. 99524	ADVISOR PAUL J SHUTOWITZ	CARD NO. 186	INVOICE DATE 11/29/00	INVOICE NO. CHCS237038
LABOR RATE 68.00	LICENSE NO. 75336	VEHICLE IN CHARGE	ORDER	STOCK NO.
YEAR/MAKE/MODEL 96/DODGE/CARAVAN	VEHICLE ID NO. 2B40P4434TR604518	DELIVERY DATE	DELIVERY MILES	PRODUCTION DATE
SELLING DEALER NO.	FILE NO. 2840P4434TR604518	RECEIPT DATE 11/28/00	WARRANTY DATE	WARRANTY MILE

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS

STATE OF FLORIDA  
 REGISTRATION: MV-01645



*Handwritten number: 217-045*

CUSTOMER COPY

CUSTOMER SIGNATURE

TOTAL LABOR..... 9.00  
 TOTAL PARTS..... 9.00  
 TOTAL SUBLET..... 9.00  
 TOTAL G.D.O..... 9.00  
 TOTAL MISC CHG..... 9.00  
 TOTAL MISC CHG..... 9.00  
 TOTAL MISC CHG..... 9.00  
 TOTAL TAX..... 0.00  
 TOTAL INVOICE \$ 0.00

CASHIER E J CHECK L  
 M/VISA E J AMEX E J CHARGE L J  
 J DISCOVER C

TOTALS

TECHNICIAN CERTIFICATION  
 111  
 GEORGE F ANGELLO  
 7984

COMMENTS

JOB# 1 JOURNAL PREFIX CHCS JOB# 1 TOTAL  
 9.00

JOB# 1 TOTALS

MISC ELECTRICAL RP TECH#3115  
 WIRES INOP ABS LIGHT ON AND CLICKING IN STEERING  
 SINCE POWER DIST CENTER INSTALLED YESTERDAY  
 REPLACED WIRING FUSES

LABOR

#1 08CHZ06

JOB# 1 CHARGES

CUSTOMER NO. 59524	ADVISOR	CARD NO.	INVOICE DATE	INVOICE NO.
PAID 10/11/96	196	1307	12/01/96	CHCS227492
LABOR RATE	LICENSE NO.	AVERAGE IN	COLOR	STOCK NO.
68.00	78660			
YEAR/MAKE/MODEL	DELIVERY DATE	DELIVERY MILES	PRODUCTION DATE	
96/DOBIE/CARAVAN				
VEHICLE ID NO.	SELLING DEALER NO.			
2840F44341K504513				
P.T.E. NO.	R.O. DATE	MILEAGE OUT		
	11/30/90	MO: 256A1		

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS



STATE OF FLORIDA  
 REGISTRATION: MV-01645

CUSTOMER COPY

CUSTOMER SIGNATURE

TOTAL INVOICE \$ 225.25  
 TOTAL TAX 12.75  
 TOTAL MISC CHG. -37.50  
 TOTAL MISC CHG. 0.00  
 TOTAL G.O.G. 0.00  
 TOTAL SUET 0.00  
 TOTAL PARTS 250.00  
 TOTAL LABOR 0.00

CASH [ ] CHECK [ ]  
 MC/VISA [ ] AMEX [ ] CHARGE [ ]  
 CASHIER [ ]

TOTALS

TECHNICIAN CERTIFICATION

WARRANTY & PRIES

0105

JOB# 1 JOURNAL PREFIX CHG JOB# 1 TOTAL

PARTS

212.50  
 250.00  
 -37.50

JOB# 1 TOTALS

TOTAL - MISC

-37.50  
 -37.50

CPC CHRYSLER PARTS COUPON

CONTROL NO.

250.00  
 250.00

TOTAL - PARTS

DESCRIPTION UNIT PRICE

PARTS QTY FF NUMBER

JM 1 32CHZZ  
 MISC REPAIRS  
 WIPERS WORK WHEN THEY WANT  
 REPLACED BODY CONTROLLER  
 NO CHARGE FOR LABOR

TECH(S): 1A3

0.00

JOB# 1 CHARGES

CUSTOMER NO. 95524

INVOICE NO.	12/13/00	CHRS237822
STOCK NO.		
DELIVERY DATE		
DELIVERY MILES		
YEAR/MAKE/MODEL	96/Dodge/CARAVAN	
VEHICLE ID NO.	2A46P44341R604518	
SALES/DEALER NO.		
PRODUCTION DATE		
REP/INTL 1	12/04/00	
MILEAGE OUT		MD: 75906

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS

REGISTRATION: MV-01845

STATE OF FLORIDA



ALL PARTS NEW UNLESS OTHERWISE INDICATED.

Handwritten notes: PA # 11919, PA # 11919, PA # 11919

ENVIRONMENTAL/SHOP SUPPLIES REPRESENTS COSTS AND PROFIT TO GULF COAST DODGE FOR ITEMS SUCH AS MISCELLANEOUS SHOP SUPPLIES AND/OR WASTE DISPOSAL. THIS CHARGE REFLECTS 10% OF LABOR CHARGES AND WILL NOT EXCEED \$30.00 (SEE BACK SIDE OF INVOICE FOR ADDITIONAL INFORMATION)

THANK YOU FOR CHOOSING OUR 5 STAR SERVICE DEPARTMENT! YOU MAY RECEIVE A QUESTIONNAIRE FROM CHRYSLER AS A RESULT OF THIS SERVICE VISIT. PLEASE CONTACT US IF YOU CANNOT ANSWER "COMPLETELY SATISFIED" FOR ANY REASON.

\*\*\*\*\*NOTICE\*\*\*\*\* NEW SERVICE HOURS TO BETTER SERVICE YOUR NEEDS!!!!!! MONDAY thru FRIDAY 7:00 a.m. TIL MIDNIGHT SATURDAY 8:00 a.m. TIL 4:00 p.m.

TOTAL LABOR... 412.10  
TOTAL PARTS... 185.12  
TOTAL SUBLET... 0.00  
TOTAL G.O.G... 0.00  
TOTAL MISC CHG... 30.00  
TOTAL MISC DISC... 0.00  
TOTAL TAX... 37.64  
TOTAL INVOICE \$ 664.86

TOTALS

MISC-CODE	DESCRIPTION	CONTROL NO	TOTAL
JOB # 4	MAK ENVIRONMENTAL/SHOP SUPPLIES		30.00
JOB# 1 TOTALS			412.10
	LABOR		412.10
	PARTS		185.12
	TOTAL - PARTS		185.12
	TOTAL - MISC		30.00

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
	1	4689154	SENSOR BX 8092155	78.12
	1	4746666	CYL LOCK 2301702	42.00
	1	CODE	CYLINDER	18.00
	1	4677180-48	RESISTOR 8035022	17.00
	1	5003316-BA	WIRING BL 8015002	30.00
			TOTAL - PARTS	185.12

LABOR # 1 CHARGES

CUSTOMER NO. 111748	ADVISOR HOMER VALENZUELA	TAG NO. 9354	INVOICE DATE 07/19/99	STOCK NO. 100314369
LABOR RATE	LICENSE NO.	MILEAGE IN	COLOR SILVER	DELIVERY MILES
VEHICLE ID 24444444444444444444	VEHICLE MAKE/MODEL 96/DOBBE/GR. CARKAVAN	SELLING DEALER NO.	PRODUCTION DATE	DELIVERY DATE
VEHICLE NO.	P.O. NO.	B.I.O. DATE 07/19/99	MILEAGE OUT	NO. 99608

DEALER GENERAL MANAGER OR AUTHORIZED PERSON (Name)

WARRANTY INFORMATION: THE INFORMATION CONTAINED HEREIN IS A SUMMARY OF THE WARRANTY POLICY. THE FULL WARRANTY POLICY IS AVAILABLE FOR 10 DAYS FROM THE DATE OF PURCHASE. THE WARRANTY POLICY IS SUBJECT TO THE TERMS AND CONDITIONS OF THE WARRANTY POLICY. THE WARRANTY POLICY IS SUBJECT TO THE TERMS AND CONDITIONS OF THE WARRANTY POLICY.

EMERGENCY TOW NUMBER (941) 936-0169

15581 SOUTH TAMPAH HILL TRAIL  
FORT MYERS, FLORIDA 33902  
(941) 433-1661

15565 SOUTH TAMPAH HILL TRAIL  
FORT MYERS, FLORIDA 33902  
(941) 415-2147

800 BOY SCOUT DRIVE  
FORT MYERS, FLORIDA 33902  
(941) 939-5000