
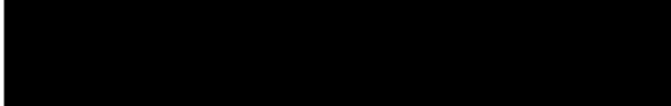
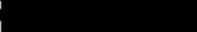


|  DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 241 | |
|---|---|--|---|
| U.S. Department of Transportation National Highway Traffic Safety Administration | | Date Received 08-JAN-2001 | Od_or _____ rt_dt _____ od_rt _____ up_itr _____ |
| OWNER INFORMATION (Type or Print) | | Reference No. 877687 | |
|  | | 665410 | Work Number  Home Number _____ |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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.) (Located bottom of windshield on driver's side) 2B4GP44R3TR648112 | Vehicle Mak DODGE TRUCK | Vehicle Mode GRAND CARAVA | Vehicle Year 1996 |
| Purchase Date _____ | Dealer's Name _____ | Engine Sz (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |
| 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Be | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other |
| | | | Sport Ut Truck Motorcycle Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 06132000 | Part Name(s) FUEL:FUEL LINES:HOSES:NON-METALLIC | 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 |
| No of Failures | Date(s) of Failure(s) 01-NOV-2000 Mileage at Failure(s) 78300 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 Damag | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| VEHICLE EXPERIENCED AN O-RING FUEL LEAKAGE. MANUFACTURER NOTIFIED, AND INFORMED THAT PART WAS NOT COVERED UNDER A RECALL. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *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. | | | |