 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 858</p>			
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>17-JAN-2001</p>		<p>Od_or rt_of od_rt up_ltr</p>			
<p>667000</p>		<p>Reference No.</p> <p>878324</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 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 ____/____/____</p>							
VEHICLE INFORMATION							
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small></p> <p>2B4GP44ROVR195179</p>		<p>Vehicle Make</p> <p>DODGE TRUCK</p>	<p>Vehicle Model</p> <p>CARAVAN</p>	<p>Vehicle Year</p> <p>1997</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
FAILED COMPONENT(S)/PART(S) INFORMATION							
<p>Component</p> <p>0140000</p>	<p>Part Name(s)</p> <p>STEERING:GEAR:RACK AND PINION</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No. of Failures</p>	<p>Date(s) of Failure(s) 02-JAN-2001</p> <p>Mileage at Failure(s) 49</p> <p>Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
APPLICATION INCIDENT INFORMATION							
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)							
<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>Number of Fatalities</p>	<p>Estimated Property Damag</p>	<p>Reported to Po/c</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
<p>WHILE TRAVELING DRIVER EXPERIENCES AN AIRY NOISE IN ADDITION TO DIFFICULTY IN STEERING OR TURNING. *AK</p>							
<p>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 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
DOT Auto Safety Hotline
www.nhtsa.dot.gov/hotline
1-888-327-4236
NATIONWIDE 1-888-DASH-2-DOT

Vehicle Owner's Questionnaire (VOQ)

Date Received: 17 JAN-2001
Reference No.: 878324

OWNER INFORMATION (Type or Print)
667000
OH 43230
SAHANNA

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
YES NO

Signature of Owner: [Redacted]
Date: 2-15-01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 2B4GP44R0V195179
Vehicle Make: DODGE TRUCK
Vehicle Model: CARAVAN
Vehicle Year: 1997
Current Odometer Reading: 49,370

Purchase Date: 10-96
Dealers Name: SCOTT
City: WPA
State: OH
Zip Code: [Redacted]

Transmission Type: Automatic Manual
Restraint System: 3-Point Belt 2-Point Belt No
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel

Failed Component(s)/Part(s) Information
Component: 02000000
Part Name(s): SUSPENSION
Location: Left Right Front Rear
Failed Part(s): Original Replacement

No of Failures: [Redacted]
Date(s) of Failure(s): 02-JAN-2001
Mileage at Failure(s): 49
Vehicle Speed at Failure(s): [Redacted]

APPLICATION INCIDENT INFORMATION

Crash: Yes No
Fire: Yes No
Number of Persons Injured: [Redacted]
Number of Fatalities: [Redacted]
Estimated Property Damage: [Redacted]
Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE TRAVELING DRIVER EXPERIENCED AN AIRY NOISE, IN ADDITION TO DIFFICULTY IN STEERING OR TURNING. *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.

4752620

1 2 0 7 0 8 BOB CALDWELL DODGE COUNTRY, INC.

1889 Morse Road
Columbus, Ohio 43229
614-265-2999

INVOICE

PAGE 2

SERVICE ADVISOR: 3799 GROVES

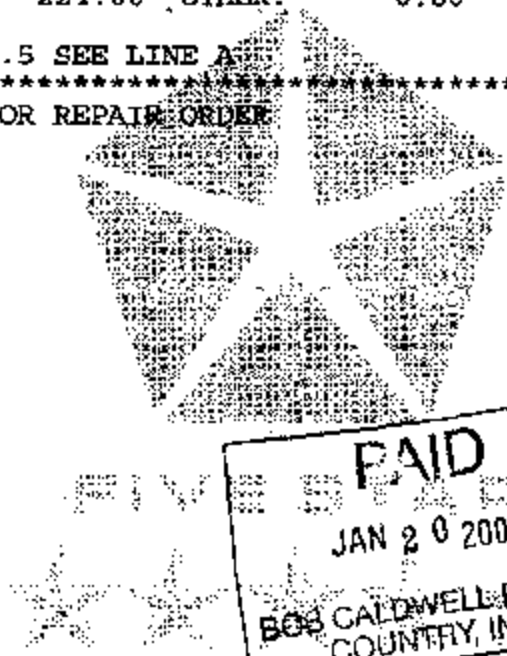
COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
SILVER	97	DODGE CARAVAN	2B4GP44R0VR195179		49370/49372	T4627	
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PG. NO.	RATE	PAYMENT	INV. DATE
07NOV1996	24OCT'96		17:00 18JAN01			CASH	20JAN2001

DATE OF REPAIR	CUSTOMER NOTED DATE	OPTIONS
08:51 17JAN01	16:04 19JAN01	STK:195179 DLR:44254 ENG:3.3L TRN:41TE-FWD

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
WC DIAGNOSTICS AND LABOR FOR RACK 0.5 AND 2.7							
4094 RALPH KINZEL LIC#: 4094							
CRD 3.20							
PARTS:	0.00	LABOR:	224.00	OTHER:	0.00	TOTAL LINE C:	224.00

49370 STEERING DIAG 4094 0.5 SEE LINE A

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 15.00



PAID
 JAN 20 2001
 BOB CALDWELL DODGE
 COUNTRY, INC.

Check
PP

We guarantee our service work for 12 months or 12,000 miles, whichever comes first. If our repair or replacement falls in normal service within that period, we'll fix it free of charge. Parts and Labor.

"Some of the parts installed on your Automobiles may not be manufactured by Chrysler Corporation"

Service Cashier Hours: 7:30 AM-6:00 PM M-FRI

DISCUSSION	TOTALS
LABOR AMOUNT	293.95
PARTS AMOUNT	0.00
GAS, OIL, LUBE	-0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	15.00
TOTAL CHARGES	308.95
LESS INSURANCE	0.00
SALES TAX	17.76
CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT
	326.71

CUSTOMER COPY

4752620

120708 BOB CALDWELL DODGE COUNTRY, INC

1889 Morse Road
Columbus, Ohio 43229
614-265-2999

INVOICE

PAGE 1

SERVICE ADVISOR: 3799 GROVES

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MI/AGE IN/OUT	TAG
SILVER	97	DODGE CARAVAN	2B4GP44R0VR195179		49370/49372	T4627

IN SERVICE DATE	PROB. DATE	WARR. EXP.	PROMISED	PO. NO.	RATE	PAYMENT	IN. DATE
07NOV1996	24OCT96		17:00 18JAN01			CASH	20JAN2001

DATE OF REPAIR: 08:51 17JAN01
 CUSTOMER NOTIFIED DATE: 16:04 19JAN01
 OPTIONS: STK:195179 DLR:44254 ENG:3.3L
 TRN:41TE-FWD

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A CUSTOMER STATES INTERMITTENTLY WHEN TURNING THE STEERING LOCKS UP/BINDS GETS VERY HARD TO TURN

CAUSE:

19000105 GEAR ASSEMBLY, POWER STEERING-Replace
(A)

4094 RALPH KINZEL LIC#: 4094
W 0.00

1 4743080AC GEAR-POWER STEERING

1 5010304AA OIL-POWER STEERING

FC: 07 PART#: COUNT:

CLAIM TYPE:

AUTH CODE:

4094

(N/C)
(N/C)
(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

49370 RACK & PINION LOCKING UP ON TURNS 4094 CUST PAYS 0.5 DIAG + 2.7 LABOR TIME TO REPLACE RACK & PINION

B** 4 WHEEL ALIGNMENT-INSPECT SUSENSION, ADJUST TIRE PRESSURE, ADJUST CASTER CAMBER & TOE TO FACTORY SPECIFICATIONS, CENTER STEERING WHEEL

F74 4 WHEEL ALIGNMENT-INSPECT SUSENSION, ADJUST TIRE PRESSURE, ADJUST CASTER CAMBER & TOE TO FACTORY SPECIFICATIONS, CENTER STEERING WHEEL

4094 RALPH KINZEL LIC#: 4094

CRD 1.50

69.95 69.95

PARTS: 0.00 LABOR: 69.95 OTHER: 0.00 TOTAL LINE B: 69.95

49371 4 WHEEL ALIGNMENT 4094 1.5 FULL WHEEL ALIGNMENT NOTE VEH HAS 2 DIFFERENT TYPES OF TIRES ON FRT MAY CAUSE VEH TO PULL

C** STEERING DIAGNOSTIC TIME

We guarantee our service work for 12 months or 12,000 miles, whichever comes first. If our repair or replacement fails in normal service within that period, we'll fix it free of charge. Parts and Labor.

Some of the parts installed on your Automobile may not be manufactured by Chrysler Corporation

Service Cashier Hours: 7:30 AM-6:00 PM M-FRI

DISCLAIMER OF WARRANTIES
The seller, BOB CALDWELL DODGE COUNTRY, Inc., hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and BOB CALDWELL DODGE COUNTRY, Inc. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the parts listed below.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, FLUIDS	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
CUSTOMER SIGNATURE	
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY