

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 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 160	
		Date Received 18-JAN-2001		Od_or _____ rt_dt _____ od_rt _____ up_itr _____	
OWNER INFORMATION (Type or Print)		Reference No. 878426			
[REDACTED]		667464		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 at bottom of windshield on driver's side)		Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Reading
		DODGE TRUCK	GRAND CARAVA	1997	
Purchase Date	Dealer's Name _____		Engine Siz (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System		Cruise Contro	Drive Trai
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC		Location		Failed Part(s)
			<input type="checkbox"/> Lef: <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 29-DEC-2000		Failed Part(s)		NHTSA Previously
	Mileage at Failure(s) 49000		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		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	Fire	Number of Persons Injured	Number of Fatalitc	Estimated Property Damag	Reported to Polic
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER WAS DRIVING AT APPROX. 25MPH ,HEARD A MUFFLED EXPLOSION WHICH WAS CAUSED BY TRANSMISSION THAT HAD LOCKED UP RESULTING IN VEHICLE TO STALL ON RAILROAD TRACK. THERE WAS NO INDICATION OR PRIOR WARING OF FAILURE.					
					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.					

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OWNER INFORMATION (Type or Print)		Date Received <u>18-JAN-2001</u>		Order No. _____ Order Date _____ Order Up To _____	
[REDACTED]		Reference No. <u>878426</u>		Work Number _____ Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Signature of Owner _____ Date <u>1/30/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1B4GP44R8VB213163</u>		Vehicle Make <u>DODGE TRUCK</u>	Vehicle Model <u>GRAND CARAVAN</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>19601</u>
Purchase Date <u>12/17/96</u>	Dealer's Name <u>SOUTH OAK DODGE</u>		Engine Size (CID/CC/L) <u>3.31</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders <u>6</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>MATTESON</u> State <u>IL</u> Zip Code _____		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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt
Cr. Use Control <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Util. Truck <input type="checkbox"/> Motorcycle	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 <u>TRUCK</u>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>07380000</u>	Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC</u>		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>29-DEC-2000</u>		Mileage at Failure(s) <u>49000</u>	Vehicle Speed at Failure(s) <u>30-35 MPH</u>	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 <u>—</u>	Number of Fatalities <u>—</u>	Estimated Property Damage <u>—</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER WAS DRIVING AT APPROXIMATELY 25MPH, HEARD A MUFFLED EXPLOSION WHICH WAS CAUSED BY TRANSMISSION THAT HAD LOCKED UP, RESULTING IN VEHICLE STALLING ON RAILROAD TRACK. THERE WAS NO INDICATION OR PRIOR WARNING OF FAILURE. *AK					
<i>Very dangerous situation since there is no ability for the car to roll to a safe side of the road. If on the expressway a truck</i>					
CONTINUE ON BACK IF NEEDED					
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