



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 758

Date Received

05-FEB-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

879809

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4FP25B4YR211675	DODGE TRUCK	CARAVAN	1997	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12411000	Part Name(s) INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	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-FEB-2001 Mileage at Failure(s) 50000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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)

WHILE DRIVING 5-7 MPH, VEHICLE WENT OVER A MANHOLE COVER, AND BOTH AIRBAGS DEPLOYED.\*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-502. 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.



**Vehicle Owner's Questionnaire (VOQ)**  
 DOT Auto Safety Hotline  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration

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

**OWNER INFORMATION (Type or Print)**

672473

Work Number  
 Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized NHTSA will not provide your name and address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: 2/12/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 2B4FP25B4VR214676  
 Vehicle Make: DODGE TRUCK  
 Vehicle Model: CARAVAN  
 Vehicle Year: 1997  
 Current Odometer Reading: 50,000

Purchase Date: 1/10/00  
 Dealers Name: Banco Auto Mall  
 City/State/Zip Code: Broward FL 33414  
 Engine Size (CID/CC/L): 4  
 No. Cylinders: 4  
 Fuel Injection:  Gas  Diesel  Turbo

Transmission Type:  Automatic  Manual  
 Antilock Brakes:  Yes  No  
 Restraint System:  3-Point Belt  2-Point Belt  Motorized  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Minivan  Other  
 Sport Ute  Truck  Motorcycle  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component: 12111000  
 Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A  
 Location:  Left  Right  
 Failed Part(s):  Original  Replacement

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)  
 No. of Failures: \_\_\_\_\_  
 Date(s) of Failure(s): 01-FEB-2001  
 Mileage at Failure(s): 50000  
 Vehicle Speed at Failure(s): \_\_\_\_\_  
 Failed Part(s): Available?  Yes  No  
 NHTSA Previously Contacted?  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**  
 Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: 1  
 Number of Fatalities: 0  
 Estimated Property Damage: 4,600.00  
 Reported to Police:  Yes  No

**WHILE DRIVING 5-7 MPH, VEHICLE WENT OVER A MANHOLE COVER, AND BOTH AIRBAGS DEPLOYED. \*AK**

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CONTINUE ON BACK IF NEEDED

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Date Received: 05-FEB-2001  
 Office: OFFICE OF DEFECTS INVESTIGATION  
 Reference No.: 8796809