



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 197**

Date Received

**21-FEB-2001**

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

Reference No.

**881048**

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
<b>2B4FP2530YR106916</b>	<b>DODGE TRUCK</b>	<b>CARAVAN</b>	<b>1997</b>	

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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Belt	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 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 <b>11600000</b>	Part Name(s) <b>AIR CONDITIONER</b>	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 <b>0</b>	Date(s) of Failure(s) <b>05-FEB-2001</b> Mileage at Failure(s) <b>49600</b> Vehicle Speed at Failure(s) <b>0</b>	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 <b>0</b>	Number of Fatalities <b>0</b>	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 USING AIR CONDITIONER IT STOPPED WITHOUT A WARNING OF ANY ELECTRICAL PROBLEM.**  
**\*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.

<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 197 Date Received <u>21-FEB-2001</u> 01 FEB 12 DEFECTS DIV.	
OWNER INFORMATION (Type or Print) [Redacted] 675867		Reference No. 881048 Work Number [Redacted] 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.			
Signature of Owner [Redacted]		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date <u>2/2/01</u>	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>2B4FP2530VR106916</b>	Vehicle Make <b>DODGE TRUCK</b>	Vehicle Model <b>CARAVAN</b>	Vehicle Year <b>1997</b>
Purchase Date <u>August 2000</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name <u>Personal</u> City <u>Chicago</u> State <u>IL</u> Zip Code _____	Current Odometer Reading <b>49705</b> Engine Size (CID/GCC) _____ No Cylinders <u>6</u> <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Belt	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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility <input type="checkbox"/> 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
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>11800009</b>	Part Name(s) <b>AIR CONDITIONER</b> <b>FUEL SENSOR &amp; SYSTEM (2) LEAKING STRUTS</b>	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 <b>0</b>	Date(s) of Failure(s) <u>05-FEB-2001</u> Mileage at Failure(s) <u>49000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b> (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 <b>0</b>	Number of Fatalities <b>0</b>
Estimated Property Damage <b>\$1200.00</b>		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
(1) WHILE USING AIR CONDITIONER IT STOPPED WITHOUT A WARNING OF ANY ELECTRICAL PROBLEM. *AK — REPLACED UNDER WARRANTY. (2) According to <u>SHERMAN DODGE</u> in <u>Stokie IL</u> , THE STRUTS ARE LEAKING. NEEDS REPLACEMENT — \$600.00. (3) FUEL SENSOR (complete system) was replaced on 2/2001 cost \$480.00. THESE ITEMS SHOULD NOT HAVE GONE BAD SO EARLY.			
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.			