



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 798

Date Received

22-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

881123

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
2B4GP24R9XR152192	DODGE TRUCK	GRAND CARAVA	1999	

Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 3	Date(s) of Failure(s) 01-FEB-1999 Mileage at Failure(s) 28 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 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 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)

TRANSMISSION IS NOT WORKING PROPERLY. WHILE CONSUMER WAS PULLING OUT OF DRIVE WAY, AND PUT TRANSMISSION IN GEAR IT FELT LIKE IT WAS IN NEUTRAL. CONSUMER HAD TO PLAY WITH IT BEFORE IT CAUGHT A GEAR. CONTACTED DEALER, AND DEALER REPLACED TRANSMISSION THREE TIMES, AND PROBLEM WAS STILL OCCURRING. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-576 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 style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 798</p> <p>Date Received: <u>22-FEB-2001</u></p> <p style="text-align: center;">OFFICE OF SAFETY INVESTIGATION</p> <p>Reference No. <u>881123</u></p> <p>Work Number _____ Home Number _____</p>
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">675983</p>	

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 3/3/01

VEHICLE INFORMATION					
Vehicle Ident. No (VIN) (Located at bottom of windshield on driver's side) 2B4GP24R9XR152192	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1999	Current Odometer Reading 25,531	
Purchase Date _____	Dealer's Name <u>BERGEN COUNTY DODGE</u>		Engine Size (CID/CC) <u>3.3L</u>	<input type="checkbox"/> Turbo Diesel Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>RAMSEY</u> State <u>NJ</u> Zip Code <u>07446</u>	No. Cylinders <u>6</u>	<input checked="" type="checkbox"/> Gas Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Jit <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Minivan <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 Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 3	Date(s) of Failure(s) <u>01-FEB-1999 5/25/99 2/8/00 7/20/00</u> Mileage at Failure(s) <u>2976 13,665 21,100</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 0	Number of Fatalities 0	Estimated Property Damage 0
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRANSMISSION IS NOT WORKING PROPERLY. WHILE CONSUMER WAS PULLING OUT OF DRIVE WAY, AND PUT TRANSMISSION IN GEAR IT FELT LIKE IT WAS IN NEUTRAL. CONSUMER HAD TO PLAY WITH IT BEFORE IT CAUGHT A GEAR. CONTACTED DEALER, AND DEALER REPLACED TRANSMISSION THREE TIMES, AND PROBLEM WAS STILL OCCURRING. *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 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.



BERGEN COUNTY DODGE, Inc.

925 Route 17 South

RAMSEY, NEW JERSEY 07446

(201) 818-4100



CUSTOMER NO 11102	ADVISOR JACK	CARE NO. 382	INVOICE DATE 02/08/00	INVOICE NO. DUCS47193
	LABOR RATE 71.95	LICENSE NO.	MILEAGE IN 13665	COLOR DEEP AMETHY
	YEAR/MAKE/MODEL 99/DODGE/CARAVAN/CARAVAN		DELIVERY DATE 11/23/99	DELIVERY MILES 100
	VEHICLE NO. 2 R 4 B P 2 4 B 9 X R 1 5 2 1 9 2		SELLING DEALER NO. 44119	PRODUCT OR JAL
	PTF NO.	P.O. NO.	P.O. DATE 02/07/00	

MILEAGE OUT
MO: 13665

LABOR & PARTS
JOB # 11102

TRANS. Y-CASE AXLE
CUSTOMER STATES TRANSMISSION IS LEAKING
AND TRANS WOULD NOT MOVE
PRESSURE HOSE LEAKING
CHECKED AND TIGHTENED PRESSURE HOSE
ADDED FLUID

TECH(S) 301

WARRANTY

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE
JOB #	4	5010124-AA	FLUID AFT 1081018	

JOB # 1 TOTAL PARTS

WARRANTY
0.00

JOB # 1 TOTAL LABOR & PARTS

0.00

TOTAL

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE

CUSTOMER NO

ADVISOR

CARD NO

INVOICE DATE

INVOICE NO

WILLIAM H DODGE

252

766

05/25/99

000640551

PRICE RATE

1 PERCENT

MESSAGE

3973

COLOR

DEEP AMETHY

STOCK NO

XD670

YEAR MAKE MODEL

99/COUGE CARAVAN CARAVAN

DELIVERY DATE

11/23/98

DELIVERY MILE

700

VEHICLE NO

2 B 4 G 1 2 4 R 9 X R 1 5 2 1 9 2 0

SELLING DEALER NO

44119

PRODUCTION DATE

PTF NO

PTF NO

RD DATE

05/18/99

MESSAGE CMT

MO: 3976

LABOR & PARTS

J# 1 21002

TRANS, T-CASE AXLE

TECH(S):365

CUSTOMER STATES PLEASE CHECK TRANS DOES NOT ALWAYS ENGAGE INTO DRIVE-NEED TO GO FROM REVERSE TO DRIVE CONNECTED DRB3-FOUND CODE FOR LOSS OF PRIME O/D CVI COUNT LOW-PERFORMED DIAGNOSTICS AS PER SERVICE MANUAL-FOUND FRONT PUMP FAULTY AND LEAKING DOWN-REMOVED TRANSAXLE-FOR TEAR DOWN AND INSPECTION-FOUND FRONT ASSEMBLY CLUTCHES BURNED- OVERHAULED TRANSAXLE-RE-INSTALLED TRANSAXLE-FLOW CHECKED AND BACK FLUSHED TRANS COOLER-PERFORMED QUICKLEARN UPDATE TO TRANS CONTROLLER-ROADTESTED-OK

WARRANTY

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	4567869	PUMP TRAN 21129009	
JOB # 1	1	4897483-AA	CONV PKG 21046005	
JOB # 1	1	4883878-AA	SEAL PKG 21060014	
JOB # 1	3	5010124-AA	FLUID AFT 1081018	
JOB # 1	1	5010804-AA	SEALER RT 1081003	
JOB # 1	9	5013457-AA	OIL TRANS 1081018	

JOB N 1 TOTAL PARTS

WARRANTY
WARRANTY
WARRANTY
WARRANTY
WARRANTY

0.00

JOB N 1 TOTAL LABOR & PARTS

0.00

COMMENTS

DESK GROUP 7842-2860 X245

TOTALS

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SURLEY	0.00
TOTAL S.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

CUSTOMER SIGNATURE



BERGEN COUNTY DODGE, Inc. RAMSEY, NEW JERSEY 07146

1000 8813 8009