



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 241

Date Received

27-FEB-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
ip\_ltr \_\_\_\_\_

Reference No.

881567

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) _____<br><small>(Located at bottom of dashboard on driver's side)</small> | Vehicle Make<br><b>DODGE</b> | Vehicle Model<br><b>AVENGER</b> | Vehicle Year<br><b>1999</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-----------------------------|--------------------------|

|                                                                                                                        |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                             | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                                                                                                                        | Engine Size _____<br>(CID/CCL) _____<br>No Cylinders _____                                                                                                                                                                                       | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                         | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                       | Restraint System<br><br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                 |
| Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                  |                                                                                                                                              |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12411000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT                          | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) 23-FEB-2001<br>Mileage at Failure(s) 40000<br>Vehicle Speed at Failure(s) | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

VEHICLE INVOLVED IN A REAR END FRONTAL COLLISION OF 45 MPH, AND BOTH AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER HAVE NOT BEEN IN CONTACT AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*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.



# 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  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

676971

Reference No.

881567

Date Received

27-FEB-2001

FOR AGENCY USE ONLY 241

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 3/19/01

## VEHICLE INFORMATION

### PLEASE FILL IN

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

Purchase Date 11-13-98  
New ☒ Used ☐

Dealer's Name: Shelor

City: Chatsworth State: CA Zip Code

Engine Size

2.0L

Engine Type (Gas/Diesel/Turbo)  
Gas ☒ Diesel ☐ Turbo ☐  
Fuel Injection ☐

Transmission Type

Automatic ☐  
Manual ☒

Antilock Brakes

Restraint System

3-Point Belt ☒  
2-Point Belt ☐  
Motorized ☐  
Passenger Side Airbag ☒  
Passenger Side Airbag ☐

Cruise Control

Drive Train

Front ☒  
Rear ☐  
4-Wheel ☐

Vehicle Type

Car ☒  
Van ☐  
Minivan ☐  
Motorcycle ☐  
Sport Utility ☐  
Truck ☐

Body Style

2-Door ☒  
4-Door ☐  
Station Wagon ☐  
Pick Up Truck ☐  
Other ☐

Component 12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A

Location

Right ☒  
Left ☒  
Rear ☐  
Front ☐

Failed Part(s)  
Original ☒  
Replacement ☐

No of Failures

Date(s) of Failure(s) 23-FEB-2001

Mileage at Failure(s) 40000

Vehicle Speed at Failure(s) 45 mph - 50 mph

Failed Part(s) Available? ☐

NHTSA Previously Contacted? ☐

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash

Yes ☒ No ☐

Fire

Yes ☐ No ☒

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

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

VEHICLE INVOLVED IN A REAR END FRONTAL COLLISION OF 45 MPH, AND BOTH AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER HAVE NOT BEEN IN CONTACT AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK

As a result of the air bags not deploying the passenger sitting in the front got injured. I felt like the air bags should have deployed at a 45 mph front end collision and their isn't any reason why they shouldn't have, if they had deployed then my passenger wouldn't have gotten hurt.

CONTINUE ON BACK IF NEEDED

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