



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 284**

Date Received

14-MAR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

882988

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>(Locate at bottom of and/or driver's door jamb)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1P4GH54RXPX531071	PLYMOUTH TRUC	GRAND VOYAGE	1993			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	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 type="checkbox"/> Sport Util <input checked="" 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 Truck <input type="checkbox"/> Other _____

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

Component 05240000	Part Name(s) ENGINE COOLING SYSTEM:FAN	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 Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**RADIATOR COOLONG FAN LOOSENEED, JAMMING THE MOTOR, AND CAUSING SMOKE TO COME FROM UNDER HOOD. DEALER HAS BEEN NOTIFIED.\*AK**

CONTINUE ON REVERSE

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 284</p>	
	<p>Date Received</p> <p style="text-align: center;">14-MAR-2001</p>	<p>Ord. or alt. th od. rt up. ltr</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p>		
	679982	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an _____ and address to the vehicle manufacturer.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>Signature of Owner _____</p>		<p>Date <u>3/1/01</u></p>

**VEHICLE INFORMATION**

<p>Vehicle Ident. No. (VIN.) (Locate at bottom of instrument panel on driver's side)</p> <p style="background-color: black; color: white;">1P4G754R3P331071</p>	<p>Vehicle Make</p> <p style="text-align: center;">PLYMOUTH TRUC</p>	<p>Vehicle Model</p> <p style="text-align: center;">GRAND VOYAGE</p>	<p>Vehicle Year</p> <p style="text-align: center;">1993</p>	<p>Current Odometer Reading</p> <p style="text-align: center; font-size: 1.2em;">151043</p>		
<p>Purchase Date</p> <p style="text-align: center;">Jan 2001</p> <p><input type="checkbox"/> New    <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) <u>3.3</u></p> <p>No. Cylinders <u>6</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 5-Point Belt    <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag    <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car    <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Van    <input type="checkbox"/> Truck <input type="checkbox"/> Minivan    <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>Van</u></p>

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

<p>Component</p> <p style="text-align: center;">05240000</p>	<p>Part Name(s)</p> <p style="text-align: center;">ENGINE COOLING SYSTEM:FAN</p>	<p>Location</p> <p><input type="checkbox"/> Left    <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front    <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p> <p style="text-align: center;">1 Causing 2</p>	<p>Date(s) of Failure(s) <u>15 March 2001</u></p> <p>Mileage at Failure(s) <u>150</u></p> <p>Vehicle Speed at Failure(s) <u>At Idle</u></p>	<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**APPLICATION INCIDENT INFORMATION**  
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

<p>Crash</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">Hamos</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

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CONTINUE ON BACK IF NEEDED

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