



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

15-MAR-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

883147

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) (Location at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
ADD	DODGE TRUCK	GRAND CARAVA	2000	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☒ Van ☐ Minivan ☐ Other _____	☐ Sport Util ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12312000	Part Name(s) INTERIOR SYSTEMS:TRACKS AND ANCHORS:FRONT SEAT:POW	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) C2-JAN-2001 2400 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS STOPPED, AND THEN WAS REARENDED. POWER DRIVER SEAT BROKE ON IMPACT, AND RECLINED ALL THE WAY. DAMAGE TO VEHICLE SO FAR WAS \$ 10000.00, STILL AT DEALER.*AK

COPIES OF REPORTS - FREE -

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received 15-FEB-15 PM 1:15 15-MAR-2001 EFFECT Reference No. 883147 Work Number Home Number	
OWNER INFORMATION (Type or Print) [Redacted] 680374				Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized agent, you will NOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date: 01/20/01	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) ADD 1B4G44EXYB789960		Vehicle Make DODGE TRUCK		Vehicle Model GRAND CARAVA	
Vehicle Year 2000		Current Odometer Reading 2500			
Purchase Date		Dealer's Name <u>Bill Pierre</u>		Engine Size (CID/CC/L) ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used		City <u>Seattle</u> State <u>WA</u> Zip Code		No Cylinders	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	
Cruise Control ☒ Yes ☐ No		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Sport Ut ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12312000		Part Name(s) INTERIOR SYSTEMS: TRACKS AND ANCHORS: FRONT SEAT: POWER		Location ☒ Left ☐ Right ☒ Front ☐ Rear	
No of Failures		Date(s) of Failure(s) <u>02-JAN-2001</u> Mileage at Failure(s) <u>2400</u> Vehicle Speed at Failure(s)		Failed Part(s) Available? ☐ Yes ☐ No	
NHTSA Previously Contacted? ☐ Yes ☐ 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 ☒ Yes ☐ No		Fire ☐ Yes ☒ No		Number of Persons Injured 1	
Number of Fatalities		Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
CONSUMER WAS STOPPED, AND THEN WAS REARENDED. POWER DRIVER SEAT BROKE ON IMPACT, AND RECLINED ALL THE WAY. DAMAGE TO VEHICLE SO FAR WAS \$ 10000.00, STILL AT DEALER.*AK					
CONTINUE ON BACK IF NEEDED					
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PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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