



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 936	
Date Received  <b>19-MAR-2001</b>	Od_or _____ rt_dt _____ od_rt _____ rp_lr _____ Reference No.  <b>883364</b>
Work Number <b>312-243-7888</b>	
Home Number _____	

OWNER INFORMATION (Type or Print)		
<b>JEFF</b>	<b>HUSAR</b>	<b>680980</b>
<b>304 S. REDFIELD CT.,</b>	<b>IL</b>	<b>60068</b>
<b>PARKRIDGE</b>		

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>(Lowercase letters "i" and "o" are not used.)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>1B4GP54R4VB347226</b>	<b>DODGE TRUCK</b>	<b>CARAVAN</b>	<b>1997</b>	


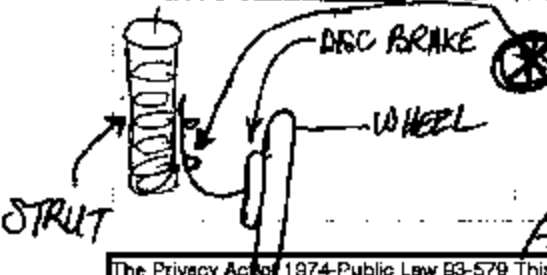
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel			<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 <b>02615000</b>	Part Name(s) <b>WHEELS:LUGS:NUTS:BOLTS</b>	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) <b>18-MAR-2001</b> Mileage at Failure(s) <b>50000</b>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received <u>19-MAR-2001</u> 19-MAR-2001 DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)				Od. or	_____
[Redacted]				Reference No.	883364
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.				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Owner <u>[Redacted]</u>				Date	4/3/01
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	Vehicle Model	Vehicle Year	Current Odometer Reading	
[Redacted]	DODGE TRUCK	CARAVAN GRAND	1987	50,400	
Purchase Date <u>3/20/97</u>	Dealer's Name <u>SCHAUMBURG DODGE</u>		Engine Size (CID/CC/L) <u>3.3</u>	<input type="checkbox"/> Turbo	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>SCHAUMBURG</u> State <u>ILL</u> Zip Code <u>60195</u>		No. Cylinders <u>6</u>	<input type="checkbox"/> Diesel	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other
					Body Style
					<input type="checkbox"/> 2-Door <input checked="" 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 <u>02515000</u>	Part Name(s) <u>WHEELS:LUGS:NUTS:BOLTS</u> <u>LOWER STRUT MOUNTING BOLT</u>		Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>18-MAR-2001</u> Mileage at Failure(s) <u>50000</u> Vehicle Speed at Failure(s) <u>120MPH</u>		Failed Part(s) Available? <input checked="" 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p><del>FOR THE BOLTS THAT HOLD FRONT WHEEL SNAPPED. WHEN THIS HAPPENED IT CAUSED TIRE TO TILT INTO INTO WHEEL AND THE STRUT AND VAN WAS UNDRIVEABLE.</del></p> <p></p> <p>THIS BOLT SNAPPED. I FIND IT VERY UNUSUAL THAT THE BOLTS ARE SOLD IN A PACKAGE OF 4 AND THE DEALER STRESSED REPLACEMENT OF ALL FOUR (BOTH SIDES)</p>					
<p>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>					
<p>IF THIS WOULD HAVE HAPPENED ON HIGHWAY THE VAN WOULD HAVE FLIPPED OVER.</p>					

CONTINUE ON BACK IF NEEDED