Form Approved: OMB No. 2127-0042

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 231

Date Received: 20-MAR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 883518

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
[illegible]	CHRYSLER TRUC	TOWN AND COUN	1998	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000 09500000 01300000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT COMMUNICATIONS:HORN ASSEMBLY STEERING:POWER ASSIST	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE TRAVELING AIR BAG INDICATOR LIGHT WAS FLASHING/ NO HORN AND LOSS OF POWER STEERING. TECHNICIAN STATED THAT CLOCK SPRING NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0008

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 231

Date Received: 20-MAR-2001

Od_or
rt_dt
od rt
up_ltr

Reference No. 883518

681196

Work Number [redacted]
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an au[redacted]ovide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/12/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C4GP64L2-Y761873	CHRYSLER ~~TRUC~~ VAN	TOWN AND COU	1996	73000

Purchase Date 6/2000
☐ New ☒ Used

Dealer's Name Auto Nation
City Irvine State CA Zip Code

Engine Size (CID/CC/L) 3.8
No Cylinders 6

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ ~~No~~	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4 Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000 08500000 01300000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA COMMUNICATIONS:HORN ASSEMBLY ~~STEERING:POWER ASSIST~~ Cruise Control	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 11/2000
Mileage at Failure(s) 72000
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE TRAVELING AIR BAG INDICATOR LIGHT WAS FLASHING/ NO HORN AND LOSS OF ~~POWER STEERING~~. TECHNICIAN STATED THAT CLOCK SPRING NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER INFORMATION.*AK

Cruise Control
Had clock spring Assembly replaced Fixed problem, Cost $185.00

CONTINUE ON BACK IF NEEDED