



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 336

Date Received

21-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

883654

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                        | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                      |
| 2B4GH45R7NR518915                                                                                   |                                                                        | DODGE TRUCK                                                                                                                                                                                                         | CARAVAN                                                                | 1992                                                                                                                                         |                                                                                                                                                                                               |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                                                                                                     | Engine Size<br>(CID/CC/L) _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                     | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                               |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                    | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                           |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                     |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                    |
|                                                                                                     |                                                                        |                                                                                                                                                                                                                     |                                                                        |                                                                                                                                              | <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>12110000<br>09540000<br>08420000 | Part Name(s)<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG<br>COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE<br>ELECTRICAL SYSTEM:FUSE AND RECEPTICLE:CIRCUIT BREAKER | 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 Failure<br>0                            | Date(s) of Failure(s) 21-JAN-2001<br>Failure(s) 130000<br>Mileage at Failure(s) 0                                                                                     | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<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><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

AIRBAG LIGHT CAME ON. THEN, THERE WAS A RUBBING NOISE IN STEERING COLUMN/HORN WENT OUT BEFORE, AND COSUMER HAD TO KEEP REPLACING FUSE. CONSUMER FEARED AIRBAG WOULD DEPLOY IN FACE.\*AK

COPIES OF THIS FORM ARE:

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 TransportationNational 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 335

Date Received

21-MAR-2001

 Od or  
rt dt  
od rt  
up hr

Reference No.

883654

## OWNER INFORMATION (Type or Print)

881563

Work Number

Home Number

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO  
 In the absence of your signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

## VEHICLE INFORMATION

Vehicle Identification No. (VIN) (located at rear of windshield on driver's side)

Vehicle make

Vehicle model

Vehicle Year

Current Odometer Reading

DODGE TRUCK

CARAVAN

1992

145,000

Purchase Date

12/1999

Dealer's Name Parkway Ford

☐ New ☒ Used

City Roseburg State Or Zip Code

Engine Size  
(CID/CC/L)

No Cylinders

☐ Turbo  
☐ Diesel  
☐ Gas  
☐ Fuel Injection

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 Uti  
☒ Van ☐ Truck  
☐ Minivan ☐ Motorcycle  
☐ Other

Body Style

☒ 2-Door  
☐ 4-Door  
☐ Stationwagon  
☐ Pick Up Truck  
☐ Other

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

Component

 12110000  
 09540008  
 09420000

Part Name(s)

 INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG  
 COMMUNICATIONS: HORN ASSEMBLY: WIRE: HORN: FUSIBLE  
 ELECTRICAL SYSTEM: FUSE AND RECEPTACLE: CIRCUIT BREAKER

Location

☒ Left ☐ Right  
☒ Front ☐ Rear

Failed Part(s)

☒ Original  
☐ Replacement

No of Failures

0

Date(s) of Failure(s) 21-JAN-2001

Mileage at Failure(s) 130000

Vehicle Speed at Failure(s) 0

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

0

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

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

 AIRBAG LIGHT CAME ON. THEN, THERE WAS A RUBBING NOISE IN STEERING COLUMN/HORN  
 WENT OUT BEFORE, AND COSUMER HAD TO KEEP REPLACING FUSE. CONSUMER FEARED  
 AIRBAG WOULD DEPLOY IN FACE. AK

 steering wheel stuck later when I got home  
 also. (the clock spring went out.)

CONTINUE ON BACK IF NEEDED

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