



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

22-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

883747

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) (Locate at bottom of windshield or driver's side)		Vehicle Make DODGE TRUCK	Vehicle Model CARAVAN	Vehicle Year 1996	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ 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 Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000 09500000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG COMMUNICATIONS:HORN ASSEMBLY	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING NOTICED LOSS OF HORN. ALSO, AIR BAG INDICATOR LIGHT WOULD STAY ON. PLEASE PROVIDE FURTHER INFORMATION.*AK

COPIES OF REPORTS ARE KEPT

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231 Date Received: <u>22-MAR-2001</u> Reference No. <u>883747</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>681676</u>		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: [Redacted] Date <u>4/5/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) [Redacted]	Vehicle Make DODGE TRUCK	Vehicle Model CARAVAN	Vehicle Year 1996
		Current Odometer Reading 67515	
Purchase Date 4-7-00	Dealer's Name REED BROTHERS DODGE INC.		Engine Size (CID/CC/L) 3.3
☐ New ☒ Used	City ROCKVILLE State MD Zip Code 20855	No Cylinders 6	☐ 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 ☒ Minivan ☐ Other
		Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☒ Minivan ☐ Motorcycle ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other MINIVAN
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12110000 09600000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG COMMUNICATIONS: HORN ASSEMBLY	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 3	Date(s) of Failure(s) <u>4-12-01</u> Mileage at Failure(s) <u>67000</u> Vehicle Speed at Failure(s) <u>N/A</u>	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	Number of Fatalities
		Estimated Property Damage	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING NOTICED LOSS OF HORN. ALSO, AIR BAG INDICATOR LIGHT WOULD STAY ON. PLEASE PROVIDE FURTHER INFORMATION.*AK			

CONTINUE ON BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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