



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 436

Date Received

22-MAR-2001

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

Reference No.

883783

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP54L2VB237318	DODGE TRUCK	CARAVAN	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 12111200 09500000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, COMMUNICATIONS: HORN ASSEMBLY	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) 07-MAR-2001 107000 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA 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 Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER'S AIRBAG LIGHT HAS BEEN INTERMITTENTLY ON & OFF. FOR PAST 1 1/2 WEEKS THE LIGHT HAS BEEN STAYING ON. PROBLEM MUST BE AFFECTING HORN, IT HASN'T WORKED IN PAST MONTH. DEALER WANTS CONSUMER TO COVER COST. CONSUMER DOESN'T KNOW WHY IT HAPPENING ONLY THAT IF IN AN ACCIDENT IT WILL NOT OPERATE CORRECTLY\*AK.

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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.



**Vehicle Owner's Questionnaire (VOQ)**

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
www.nhtsa.dot.gov/hotline  
1-888-327-4236  
NATIONWIDE 1-888-DASH-2-DOT

**OWNER INFORMATION (Type or Print)**

681766

Work Number  
Home Number

983783

Reference No.

Date Received

22-MAR-2001

Signature

436

FOR AGENCY USE ONLY

Signature of Owner

Date 4/15/01

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.

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) [redacted] (located at bottom of windshield on driver's side)

Vehicle Make

DODGE TRUCK

Vehicle Model  
CARAVAN  
GRAND

Vehicle Year

1997

Current Odometer Reading

108257

Purchase Date

New  Used

Dealer's Name: *Hayler Auto Sales* City: *Pacific* State: *MO* Zip Code: *63067*

Engine Size (CID/CYL)

3.8

Turbo   
Diesel   
Gas   
Fuel Injection

Transmission Type

Manual  Automatic

Antilock Brakes

Yes  No

Restraint System

3-Point Belt  Motorized  2-Point Belt  Passenger-side Airbag  Driver-side Airbag  Passenger-side Airbag

Cruise Control

Yes  No

Drive Train

Front  Rear  4-Wheel

Vehicle Type

Sport Util  Van  Minivan  Other

Body Style

2-Door  4-Door  Stationwagon  Pick Up Truck  Other

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

Component

12111200

09800000

Part Name(s)

INTERIOR SYSTEMS-PASSENGER RESTRAINTS-AIR BAGS-FRONTA COMMUNICATIONS:HORN ASSEMBLY

Location

Right  Rear  Front  Left  Front

Failed Part(s)

Original  Replacement

No of Failures

07-MAR-2001

Date(s) of Failure(s)

102000

Mileage at Failure(s)

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

Number of Fatalities

Estimated Property Damage

Reported to Police  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**

CONSUMER'S AIRBAG LIGHT HAS BEEN INTERMITTENTLY ON & OFF, FOR PAST 1 1/2 WEEKS THE LIGHT HAS BEEN STAYING ON. PROBLEM MUST BE AFFECTING HORN, IT HASN'T WORKED IN PAST MONTH. DEALER WANTS CONSUMER TO COVER COST. CONSUMER DOESN'T KNOW WHY IT HAPPENING ONLY THAT IF IN AN ACCIDENT IT WILL NOT OPERATE CORRECTLY. AK. ALSO CRUISE CONTROL AFFECTED. EVERYTHING ON STEERING COLUMN

CONTINUE ON BACK IF NEEDED

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