



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 284

Date Received

28-MAR-2001

Ord. or

rt_dt

pd_rt

rp_lr

Reference No.

884437

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2P4GP44R8VR135309	DODGE TRUCK	GRAND CARAVA	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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 12111000 09500000 15300000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, COMMUNICATIONS: HORN ASSEMBLY EQUIPMENT: SPEED CONTROL	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) _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION . UPON IMPACT, AIRBAGS DID NOT DEPLOY, CAUSING MINOR INJURIES. SINCE INCIDENT, SRS LIGHT STAYED ILLUMINATED WHILE DRIVING, AND HORN ASSEMBLY/ CRUISE CONTROL BECAME INOPERABLE.*AK

CONTINUE ON REVERSE

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.



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Date Received

28-MAR-2001

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pd. rt
rp. ltr

Reference No.

884437

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		
2P4GP44R8VR135309	DODGE TRUCK	GRAND CARAVA	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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 12111000 09500000 15300000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, COMMUNICATIONS: HORN ASSEMBLY EQUIPMENT: SPEED CONTROL	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) _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION . UPON IMPACT, AIRBAGS DID NOT DEPLOY, CAUSING MINOR INJURIES. SINCE INCIDENT, SRS LIGHT STAYED ILLUMINATED WHILE DRIVING, AND HORN ASSEMBLY/ CRUISE CONTROL BECAME INOPERABLE.*AK

CONTINUE ON REVERSE

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)

DOT Auto Safety Hotline

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

FOR AGENCY USE ONLY 284

DATE RECEIVED: JUN 30 2001
OFFICE: BECTS INVESTIGATIVE
REFERENCE NO. 884437

Work Number: 681191
Home Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA will not provide your name and address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 7/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield)	2P4GP44R8VR135308
Vehicle Make	DODGE TRUCK
Vehicle Model	GRAND CARAVA
Vehicle Year	1997
Current Odometer Reading	164,000

Purchase Date	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
Dealer Name	SEEP CHEVYLER PLYMOUTH
City	ONTARIO
State	CA
Zip Code	91761
Engine Size (CID/CC)	3.3
Turbo	<input type="checkbox"/>
Diesel	<input type="checkbox"/>
Fuel Injection	<input checked="" type="checkbox"/>

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Restraint System	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver Side Air Bag <input type="checkbox"/> Motorized <input type="checkbox"/> Front Belt
Passenger Side Air Bag	<input type="checkbox"/>
Cruiase Control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
Body Style	<input type="checkbox"/> Sport UR <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other VAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	12111600 09400000 14300000
Part Name(s)	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT COMMUNICATIONS: HORN ASSEMBLY EQUIPMENT: SPEED CONTROL WIPERS
Location	Front <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/>
Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
No of Failures	
Date(s) of Failure(s)	
Mileage at Failure(s)	180
Vehicle Speed at Failure(s)	
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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Persons Injured	2
Number of Fatalities	NONE
Estimated Property Damage	DOUBT RECALL
Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION, UPON IMPACT, AIRBAGS DID NOT DEPLOY, CAUSING MINOR INJURIES. SINCE INCIDENT, SRS LIGHT STAYED ILLUMINATED WHILE DRIVING, AND HORN ASSEMBLY/CRUISE CONTROL BECAME INOPERABLE. AS PASSENGER (FRONT) SEAT BELT STAYS UP YOU CAN'T PUT IT ON. WIPERS (FRONT) GO ON WITHOUT NOTICE. GAS GAUGE DOES NOT WORK. INSTRUMENT PANEL BLINKS ON AND OFF.

CONTINUE ON BACK IF NEEDED

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.