



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 117

Date Received

28-MAR-2001

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

Reference No.

884489

Work Number 20223402158

Home Number 3017318782

## OWNER INFORMATION (Type or Print)

CYNTHIA BROWN 683385  
5513 OAK BROOK PLACE  
LANHAM MD 20706

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/>and/or above dashboard)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2D4FP2533TR796478                                                                             | DODGE TRUCK  | CARAVAN       | 1996         |                          |

|                                                                       |                                       |                                 |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                       | Body Style                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input checked="" 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 _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <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>09530000<br>12110000<br>15300000 | Part Name(s)<br>COMMUNICATIONS:HORN ASSEMBLY:HORN<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG<br>EQUIPMENT:SPEED CONTROL | 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                                 | Date(s) of Failure(s) 19-MAR-2001<br>75<br>Mileage at Failure(s) _____                                                     | 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 | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

WAS DRIVING AND NOTICED AIR BAG LIGHT CAME ON & STAYED. HORN FAILED TO WORK PROPERLY.  
HAD USED CRUISE CONTROL, AND IT FAILED TO WORK AFTER BEING INITIATED.\*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



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**VEHICLE INFORMATION**

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| 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                                                                                                                                                                      |
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|                                                                                                     |                                                                        |                                                                                                                                                                                                                                           |                                                                        |                                                                                                                                              | 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 _____ |

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|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|
| 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 | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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COPIES OF THIS FORM ARE:

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