



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

29-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884630

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) (Location at bottom of windshield and driver's side) 2B4GP4533TR700641	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 Belt ☒ 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 15300000 09500000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG EQUIPMENT:SPEED CONTROL 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)

HAD STARTED VEHICLE WHEN AIR BAG LIGHT REMAINED ON AND FAILED TO GO OFF. HORN FAILED TO WORK AS WELL AS CRUISE CONTROL WHEN NEEDED.*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
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National Highway
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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 117

Date Received

01 JUN 27 AM 11:00

29-MAR-2001

OFFICE

DEFECTS INVESTIGATION

Od. or

Stock

od. or

up. or

Reference No.

884630

Work Number

Home Number

OWNER INFORMATION (Type or Print)

683616

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 4/17/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

2B4GP4533TR700641

Vehicle Make

DODGE TRUCK

Vehicle Model

CARAVAN

Vehicle Year

1996

Current Odometer Reading

90,000

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injection☐ New ☒ Used

City State Zip Code

No Cylinders

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☒ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12110000

18300000

08500000

Part Name(s)

INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG

EQUIPMENT:SPEED CONTROL

COMMUNICATIONS:HORN ASSEMBLY

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s)

2/01

Mileage at Failure(s)

70,000

Vehicle Speed at Failure(s)

N/A

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

N/A

Number of Fatalities

N/A

Estimated Property Damage

N/A

Reported to Police

☐ Yes☒ No

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

HAD STARTED VEHICLE WHEN AIR BAG LIGHT REMAINED ON AND FAILED TO GO OFF. HORN FAILED TO WORK AS WELL AS CRUISE CONTROL WHEN NEEDED.*AK

CONTINUE ON BACK IF NEEDED

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