

 U.S. Department of Transportation NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE		FOR AGENCY USE ONLY	
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION		NATIONWIDE 1-800-424-9393 DC METRO AREA 202-368-0123		DATE RECEIVED V17 30-MAY-96	OC - CI _____ R - DT _____ OC - R _____ UP - LR _____ REFERENCE NO. 885017
OWNER INFORMATION (TYPE OR PRINT)				DAY TIME TELEPHONE NO. (AREA CODE)	
NAME and ADDRESS <div style="background-color: black; width: 100%; height: 40px;"></div>					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>				In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.	
SIGNATURE OF OWNER			DATE		
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO.*		VEHICLE MAKE		VEHICLE MODEL	
<small>*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE</small>					
CURRENT ODOMETER READING		DATE PURCHASED		DEALER'S NAME (TYPE & STATE)	
<input type="checkbox"/> NEW <input type="checkbox"/> USED				ENGINE SIZE (CID/CC/L)	
				NO. CYLINDERS	
TRANSMISSION TYPE		ANTILOCK BRAKES		RESTRAINT SYSTEM	
<input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	
				CRUISE CONTROL	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				DRIVETRAIN	
				<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	
				BODY STYLE	
				STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT		PART NAME(S)		LOCATION	
				<input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	
NO. OF FAILURES		DATE(S) OF FAILURE(S)		MANUFACTURER CONTACTED	
03260000		33 APR 96		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		MILEAGE AT FAILURE(S)		NHTSA PREVIOUSLY CONTACTED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		VEHICLE SPEED AT FAILURE(S)			
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT		FIRE		NUMBER PERSONS INJURED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		_____	
				NUMBER OF FATALITIES	

				PROPERTY DAMAGE EST\$	

				POLICE REPORTED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
THE TRUCK HAS ABS BRAKES AND THEY DO NOT STOP THE TRUCK WHEN THE BRAKES ARE APPLIED. PLEASE DESCRIBE. *AK					
				CONTINUE ON BACK IF NEEDED	
<small>The Privacy Act of 1974 Public Law 93-578</small>			<small>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.</small>		
<small>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</small>					



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 758

Date Received

04-APR-2001

Ord. or
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

885017

OWNER INFORMATION (Type or Print)

DOROTHY BARNES 684498
553 BROADWAY
NEW ORLEANS LA 70118

Work Number 504 861 3526

Home Number

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
2B4GP44R6ZR300162	DODGE TRUCK	GRAND CARAVA	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05250000 01300000	Part Name(s) ENGINE COOLING SYSTEM:BELTS STEERING:POWER ASSIST	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) 02-APR-2001 52000 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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)

HEARD A NOISE WHILE DRIVING ABOUT 5 MPH. THEN, POWER STEERING WENT OUT. PULLED OVER, AND HAD VEHICLE TOWED TO DEALER. SERPENTINE BELT HAD TOO MUCH TENSION AND BROKE. *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