



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

12-APR-2001

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

Reference No.

885806

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 windshield or driver's side door)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |  |   |
| NOT AVAILABLE   | DODGE TRUCK   | GRAND CARAVA   | 1996   |   |  |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used              | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic          | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><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>08136000 | Part Name(s)<br>FUEL:FUEL PUMP   | 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)<br>06-APR-2001<br>74000<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 Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

FUEL IS LEAKING BETWEEN INTERFACE SENSOR MODULE SUBJECT TO RECALL 99V21600/  
MANUFACTURER'S RECALL 845. BOTH INDEPENDENT CHRYSLER AND SERVICE REPRESENTATIVES  
CLAIMED FUEL TANK WAS WARPED IN THE AREA WHICH WAS LEAKING FUEL. SOME RESPONSIBILITY  
SHOULD BE ON CHRYSLER. PROBLEM DOESN'T SEEM LIKE NORMAL WEAR AND TEAR. THIS IS A GREAT  
DEAL OF SAFETY CONCERN TO CONSUMER.\*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.

The Privacy Act of 1974 (Public Law 93-502) 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.

CONTINUE ON BACK IF NEEDED

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

FUEL IS LEAKING BETWEEN INTERFACE SENSOR MODULE SUBJECT TO RECALL 99V21800/  
 MANUFACTURER'S RECALL 845. BOTH INDEPENDENT CHRYSLER AND SERVICE  
 REPRESENTATIVES CLAIMED FUEL TANK WAS WARPED IN THE AREA WHICH WAS LEAKING  
 FUEL. SOME RESPONSIBLY SHOULD BE ON CHRYSLER. PROBLEM DOESN'T SEEM LIKE  
 NORMAL WEAR AND TEAR. THIS IS A GREAT DEAL OF SAFETY CONCERN TO CONSUMER. AN  
 PREVIOUS RECALL ACTION APPEARS INSUFFICIENT TO ADDRESS ROOT CAUSE OF LEAKING FUEL.  
 (CONTINUED ON BACK)

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

|                 |          |                           |  |                             |   |                             |  |
|-----------------|----------|---------------------------|--|-----------------------------|---|-----------------------------|--|
| No. of Failures |          | Date(s) of Failure(s)     | 08-APR-2001  | Mileage at Failure(s)       | 74000   | Vehicle Speed at Failure(s) |  |
| Failed Part(s)  |          | Failed Part(s) Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             |  |
| Component       | 06186000 | Part Name(s)              | FUEL:FUEL PUMP   | Location                    | <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement | Failed Part(s)              |  |

**FAILED COMPONENTS/PARTS INFORMATION**

|                   |   |                 |   |                  |   |                |   |             |   |              |  |            |   |
|-------------------|---|-----------------|---|------------------|---|----------------|---|-------------|---|--------------|--|------------|---|
| Transmission Type | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | Antilock Brakes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System | <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Motor Belt <input type="checkbox"/> 2-Point Belt | Cruise Control | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train | <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Other<br><input type="checkbox"/> Sport UTV <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |
|-------------------|---|-----------------|---|------------------|---|----------------|---|-------------|---|--------------|--|------------|---|

|                       |   |               |   |                |  |       |  |          |  |
|-----------------------|---|---------------|---|----------------|--|-------|--|----------|--|
| Purchase Date         | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name |   | City           |  | State |  | Zip Code |  |
| Engine Size (CID/CYL) | 3.3   | No. Cylinders | 4 | Fuel Injection | <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas |       |  |          |  |

|                          |                  |              |             |               |              |              |      |                          |       |
|--------------------------|------------------|--------------|-------------|---------------|--------------|--------------|------|--------------------------|-------|
| Vehicle Ident. No. (VIN) | 1B46P4R23B340220 | Vehicle Make | DODGE TRUCK | Vehicle Model | GRAND CARAVA | Vehicle Year | 1996 | Current Odometer Reading | 76000 |
|--------------------------|------------------|--------------|-------------|---------------|--------------|--------------|------|--------------------------|-------|

Signature of Owner: \_\_\_\_\_ Date: 5/26/01

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

|   |  |             |  |               |        |
|---|--|-------------|--|---------------|--------|
| Home Number   |  | Work Number |  | Reference No. | 885808 |
| OWNER INFORMATION (Type or Print)   |  | 686191      |  |               |        |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>DOT Auto Safety Hotline<br>1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |  |             |  |               |        |
| <b>Vehicle Owner's Questionnaire (VOQ)</b><br>Date Received: 12-APR-2001<br>For Agency Use Only 436   |  |             |  |               |        |

