



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 920

Date Received

17-APR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

886076

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
<b>FILL IN PLEASE</b>	DODGE TRUCK	CARAVAN	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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12110000 09540000 08300000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT: AIR BAG COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE ELECTRICAL SYSTEM:WIRING	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) 15-APR-2001 94000 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 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
--	---	---------------------------	----------------------	--------------------------	---

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

AIR BAG LIGHT ON DASHBOARD WILL NOT GO OFF DURING OPERATION OF VEHICLE/ HORN WILL NOT FUNCTION. ALSO, CONSUMER'S WIFE SMELLED A BURNED RUBBER ODOR THAT WENT AWAY BEFORE LIGHT ON DASHBOARD CAME ON. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 920	
	Date Received JUN 19 PM 1:50	Office DEFECTS INVESTIGATION
OWNER INFORMATION (Type or Print)		Reference No. 886076
686616	Work Number	Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of \_\_\_\_\_ address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 06/09/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <u>2B4FP2532VR183822</u> FILL IN PLEASE	(Located at bottom of windshield on driver's side)	Vehicle Make <u>DODGE TRUCK</u>	Vehicle Model <u>CARAVAN</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>100066</u>	
Purchase Date <u>3-07-97</u>	Dealer's Name <u>Quality Dodge</u>		Engine Size (CID/CYL) <u>3.0</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Union City</u> State <u>GA</u> Zip Code <u>30291</u>		No Cylinders <u>6</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbel <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" 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 Ut <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 checked="" 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 <u>12110000</u> <u>09540000</u> <u>08300000</u>	Part Name(s) <u>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</u> <u>COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE</u> <u>ELECTRICAL SYSTEM:WIRING</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>15-APR-2001</u> Mileage at Failure(s) <u>99000</u> Vehicle Speed at Failure(s): _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <u>NONE</u>	Number of Fatalities <u>NONE</u>	Estimated Property Damage <u>NONE</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**AIR BAG LIGHT ON DASHBOARD WILL NOT GO OFF DURING OPERATION OF VEHICLE/ HORN WILL NOT FUNCTION. ALSO, CONSUMER'S WIFE SMELLED A BURNED RUBBER ODOR THAT WENT AWAY BEFORE LIGHT ON DASHBOARD CAME ON. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. \*AK**

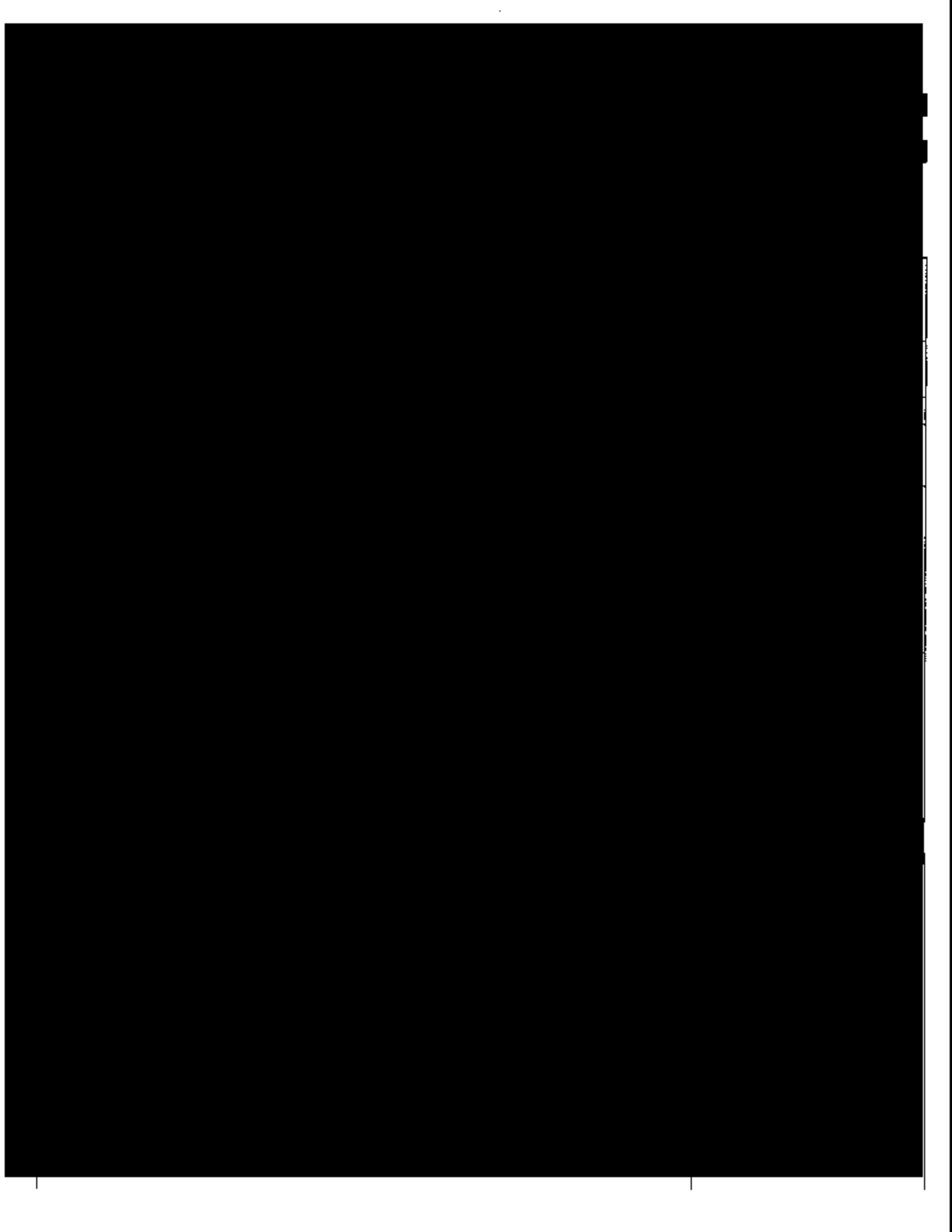
CONTINUE ON BACK IF NEEDED

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.



THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 4)



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

The second part of the document provides a detailed explanation of the double-entry accounting system. It states that for every debit entry, there must be a corresponding credit entry of equal amount. This system helps in identifying errors and ensures that the accounting equation remains balanced at all times.

The third part of the document outlines the steps involved in preparing the financial statements. It starts with the trial balance, which is used to verify the accuracy of the ledger accounts. Once the trial balance is balanced, the next step is to prepare the income statement, which shows the company's profitability over a specific period.

The fourth part of the document discusses the preparation of the balance sheet and the statement of cash flows. The balance sheet provides a snapshot of the company's financial position at a particular point in time, showing assets, liabilities, and equity. The statement of cash flows tracks the inflows and outflows of cash, providing insight into the company's liquidity and cash management.

The final part of the document concludes by emphasizing the importance of regular audits and reviews. It states that periodic audits help in detecting any discrepancies or irregularities in the accounting records, ensuring that the financial statements are reliable and accurate.