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 520

Date Received: 17-APR-2001

od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 886144

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2B4FP2534TR755857	DODGE TRUCK	CARAVAN	1996	

Purchase Dat ____ ☐ New ☒ Used

Dealer's Name ______________________
City __________ State ______ Zip Code ________

Engine Size (CID/CC/L ____
No Cylinders ______

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other______	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12110000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s): 01-APR-2001 Mileage at Failure(s): 73000	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AIR BAG LIGHT HAS COME ON AND WILL NOT GO OFF. CONSUMER HAS TAKEN VEHICLE TO LOCAL DEALERSHIP, AND THEY INFORMED HIM THAT DEFECTIVE COMPONENT WAS CLOCK SPRING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON BACK IF NEEDED

Form Approved. O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

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 920

Date Received
17-APR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.
886144

OWNER INFORMATION (Type or Print)

[redacted] 686714

Work Num[redacted]
Home Num[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of [redacted] *vide your name and address to the vehicle manufacturer.*

Signature of Own[redacted] Date 5/9/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4FP2534TR765857	DODGE TRUCK	CARAVAN	1996	

Purchase Date: [ ] New [X] 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: [X] Yes [ ] No

Restraint System: [ ] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Belt [ ] Passengerside Airbag

Cruise Control: [X] Yes [ ] No

Drive Train: [ ] Front [ ] Rear [ ] 4-Wheel

Vehicle Type: [ ] Car [ ] Sport Ut [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other______

Body Style: [ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up Truck [ ] Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12110000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	[ ] Left [ ] Right [ ] Front [ ] Rear	[ ] Original [ ] Replacement

No of Failures

Date(s) of Failure(s) 01-APR-2001
Mileage at Failure(s) 73000
Vehicle Speed at Failure(s) ______

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No				[ ] Yes [X] No

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

AIR BAG LIGHT HAS COME ON AND WILL NOT GO OFF. CONSUMER HAS TAKEN VEHICLE TO LOCAL DEALERSHIP, AND THEY INFORMED HIM THAT DEFECTIVE COMPONENT WAS CLOCK SPRING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

Horn + Cruise Control also Quit working before Dealer able to repair

CONTINUE ON BACK IF NEEDED

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 1)

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