



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 936

Date Received

18-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886254

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		
2B4GP44331R218718	DODGE TRUCK	GRAND CARAVA	2001			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 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 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 12200000	Part Name(s) INTERIOR SYSTEMS: ACTIVE SEAT AND SHOULDER BELTS AND I	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 0	Date(s) of Failure(s) 18-APR-2001 600 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	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)

ANCHORS THAT ARE IN TRUCK STICK UP TO WHEN RECLINING. 2 BACK SEATS, SOMEONE COULD BE STUCK IN REAR.*AK

CONTINUED 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 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.



Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received: 18-APR-2001
 Reference No.: 886254
 Home Number: 5 same
 Work Number: [redacted]

OWNER INFORMATION (Type or Print)
 886873 [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? Yes No
 In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.
 Signature of Owner: [redacted] Date: 4/17/01

VEHICLE INFORMATION

Vehicle IDent. No. (VIN): 2B4GP44331R218718
 Vehicle Make: DODGE TRUCK
 Vehicle Model: GRAND CARAVA
 Vehicle Year: 2001
 Current Odometer Reading: 1,000

Purchase Date: 4-2-01
 Dealer's Name: Herb Gordon Dodge
 City/State/Zip Code: Springfield, MO 65904
 Engine Size (CID/COL): 3.3
 No. Cylinders: 6
 Fuel Injection: Gas Diesel Turbo

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt 2-Point Belt Motorbelt
 Driver's Side Airbag: Passenger's Side Airbag:
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

APPLICATION INCIDENT INFORMATION

Component: 12200000
 Part Name(s): INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B
 Location: Front Left Right Rear
 Failed Part(s): Original Replacement
 No. of Failures: 0
 Date(s) of Failure(s): 18-APR-2001
 Mileage at Failure(s): 600
 Vehicle Speed at Failure(s): 0
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

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

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: ONE (M)
 Number of Fatalities: 0
 Estimated Property Damage: [redacted]
 Reported to Police: Yes No

ANCHORS THAT ARE IN TRUCK STICK UP TO WHEN RECLINING. 2 BACK SEATS, SOMEONE COULD BE STUCK IN REAR. AK
 The child seat anchors are located across the entire bench (mid as well as back). There are 4 anchors on each bench end even with the benches in an upright.

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CONTINUE ON BACK IF NEEDED

