



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

23-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886486

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
ADD	CHRYSLER TRUC	TOWN AND COUN	1997	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 14-APR-2001 70000 Mileage at Failure(s) 55	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 55-60 MPH VEHICLE WAS HIT ON SIDE, WENT DOWN A RAVINE AND HIT A TREE FRONT AT AN ANGLE. NEITHER AIRBAG DEPLOYED, VEHICLE WAS TOTALLED. *AK

COPIES OF REPORTS - FREE -

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.



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 758

Date Received

JUN -5 PM 12:05
23-APR-2001

Od_or _____
ri_or _____
od_rt _____
up_hr _____

Reference No.

886486

Work Number

Home Number

OWNER INFORMATION (Type or Print)

687958

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized agent, please provide your address to the vehicle manufacturer.

Signature of Owner

Date 5/23/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) ADD 1C4G64L0TA360351
1C4G64L0TA360351 CHRYSLER TRUC TOWN AND COU 1997 1994
Vehicle Make Vehicle Model Vehicle Year Current Odometer Reading

Purchase Date

Dealer's Name No

Engine Size
(CID/CC/L

☐ Turbo
☐ Diesel
☒ Gas
☒ Fuel Injection

No Cylinders 6

☐ New ☒ Used

City OK State OK Zip Code

Transmission Type Antilock Brakes Restraint System Cruise Control Drive Train Vehicle Type Body Style
☐ Manual ☒ Yes ☐ 3-Point Belt ☐ Motorbelt ☒ Yes ☒ Front ☐ Car ☐ Sport UT ☐ 2-Door
☒ Automatic ☐ No ☒ Driverside Airbag ☐ 2-Point Belt ☐ No ☐ Rear ☒ Van ☐ Truck ☒ 4-Door
☒ Passengerside Airbag ☐ Other ☐ Minivan ☐ Motorcycle ☐ Stationwagon
☐ Other ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111008 Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A Location ☐ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☐ Original ☐ Replacement
No of Failures Date(s) of Failure(s) 14-APR-2001 Mileage at Failure(s) 70000 Vehicle Speed at Failure(s) 55 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 ☐ No ☐ Yes ☒ No 2 ☐ Yes ☒ No

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

WHILE DRIVING 55-60 MPH VEHICLE WAS HIT ON SIDE, WENT DOWN A RAVINE AND HIT A TREE FRONT AT AN ANGLE. NEITHER AIRBAG DEPLOYED, VEHICLE WAS TOTALLED. *AK

CONTINUE ON BACK IF NEEDED

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