



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

24-APR-2001

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

Reference No.

886676

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<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                         | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                |
| 1P4GH44R1NX157263                                                                                   |                                                                        | PLYMOUTH TRUC                                                                                                                        | GRAND VOYAGE                                                           | 1992                                                                                                                                         |                                                                                                                                                                                         |
| Purchase Date                                                                                       | Dealer's Name _____                                                    |                                                                                                                                      | Engine Size<br>(CID/CC/L) _____                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                         |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                      | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                         |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                     | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                           |
|                                                                                                     |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel                                                           |                                                                        |                                                                                                                                              | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                            |
|                                                                                                     |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                              |
|                                                                                                     |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | <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>03250000<br>03224000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER | 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) 24-APR-2001<br>Failure(s) 12400<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 Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

**BRAKE BOOSTER SENSOR IS MALFUNCTIONING. VEHICLE FEELS LIKE IT'S SKIDDING ALL THE TIME AT ANY SPEED. ABS LIGHT COMES ON AND GOES OFF. MECHANIC AT THE REPAIR SHOP SAYS BRAKES PEDAL WILL FREEZE IF NOT REPAIRED. DEALER FOLLOWED UP BY DOING A DIAGNOSTIC TESTING. SENSOR HAS A PROBLEM AND NEEDS REPLACEMENT. CONSUMER WILL BE RESPONSIBLE FOR COVERAGE.\*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.

|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>U.S. Department of Transportation</b><br>National Highway Traffic Safety Administration<br>DOT Auto Safety Hotline<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |  | <b>Vehicle Owners' Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                  |  |
| Date Received: 01 SEP 11<br>7:58<br>24-APR-2001<br>DEFECTS INVESTIGATION<br>888576                                                                                                                                                                         |  | WORK NUMBER: 688407<br>HOME NUMBER:                                                                                                                                                                                                                                                                       |  |
| FOR AGENCY USE ONLY 436                                                                                                                                                                                                                                    |  | Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorized NHTSA representative, provide your name and address to the vehicle manufacturer.<br>Signature of Owner: |  |

|                                                                                                                                                                                         |                                                                                                                                                    |                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Identification No. (VIN): 1P4GH44R1NX167263<br>(located at bottom of windshield on driver's side)                                                                               |                                                                                                                                                    | Vehicle Make: PLYMOUTH TRUC                                                          | Vehicle Model: GRAND VOYAGE                                                                                                      | Vehicle Year: 1992                                                                  | Current Odometer Reading: 128,000                                                                                                 |
| Purchase Date:                                                                                                                                                                          | Dealer's Name:                                                                                                                                     | City:                                                                                | State:                                                                                                                           | Zip Code:                                                                           | Engine Size (CID/CC/L):<br><input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Turbo |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                   | Transmission Type: <input 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 type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt | 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                        |
| Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Park Up Truck <input type="checkbox"/> Other | Vehicle Type: <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Spot Lite: <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle        | Fuel Injection: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel                                          | No Cylinders:                                                                       | Fuel Injection:                                                                                                                   |

|                                                                                                                                                                                       |                                                                                                     |                                                                                                                                                                                                                                                               |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Component: 03260080<br>03224080                                                                                                                                                       | Part Name(s):<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM<br>BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER         | Location: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear                                                                                                                           | Failed Part(s): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement                                                |
| No of Failures:                                                                                                                                                                       | Date(s) of Failure(s): 24-APR-2001<br>Mileage at Failure(s): 124000<br>Vehicle Speed at Failure(s): | Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | APPLICATION INCIDENT INFORMATION<br>(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<br>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Number of Persons Injured: | Number of Fatalities:                                                                               | Estimated Property Damage:                                                                                                                                                                                                                                    | Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                          |

|                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                            |  |  |  |
| BRAKE BOOSTER SENSOR IS MALFUNCTIONING. VEHICLE FEELS LIKE IT'S SKIDDING ALL THE TIME AT ANY SPEED. ABS LIGHT COMES ON AND GOES OFF. MECHANIC AT THE REPAIR SHOP SAYS BRAKES PEDAL WILL FREEZE IF NOT REPAIRED. DEALER FOLLOWED UP BY DOING A DIAGNOSTIC TESTING. SENSOR HAS A PROBLEM AND NEEDS REPLACEMENT. CONSUMER WILL BE RESPONSIBLE FOR COVERAGE. |  |  |  |
| Brake acts like vehicle is skidding all the time at any speed.                                                                                                                                                                                                                                                                                           |  |  |  |
| CONFIRM ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                |  |  |  |

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