



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 §20

Date Received

02-MAY-2001

Od_or _____
rt_dt _____
od_rt _____
rp_lr _____

Reference No.

887317

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 door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4GP45R2TR654174	DODGE TRUCK	CARAVAN	1996	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000 09500000 15300000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG COMMUNICATIONS:HORN ASSEMBLY EQUIPMENT:SPEED CONTROL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 15-APR-2001 76000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAG LIGHT HAS COME ON AND STAYED ON DURING NORMAL OPERATION OF VEHICLE. DEALERSHIP INFORMED CONSUMER THAT THE CLOCK SPRING WAS DEFECTIVE. *NOTE, CRUISE CONTROL AND HORN ALSO FAILED TO FUNCTION. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920 Date Received: 02-MAY-2001 Reference No. 887317 Work Number: [REDACTED] Phone Number: [REDACTED]	
OWNER INFORMATION (Type or Print) [REDACTED] 797					
Do you authorize NHTSA to contact the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized representative, provide your name and address to the vehicle manufacturer. Signature of Owner: [REDACTED] Date: 5/8/01					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2B4GP45R2TR654174		Vehicle Make DODGE TRUCK	Vehicle Model CARAVAN	Vehicle Year 1996	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name: QUALITY CARS City: Brooklyn State: NY Zip Code: 11203		Engine Size (CID/CC/L) _____ No. Cylinders 6		☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Van ☐ Sport Utl ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12110000 09600000 10300000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG COMMUNICATIONS: HORN ASSEMBLY EQUIPMENT: SPEED CONTROL		Location ☐ Left ☐ Right ☐ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement
No. of Failures:	Date(s) of Failure(s): 15-APR-2001 Mileage at Failure(s): 76000 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
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CONTINUE ON BACK IF NEEDED					
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