



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

11-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888018

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		
1B4GP54R7TB340431	DODGE TRUCK	GRAND CARAVA	1996			
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 07301000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	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	Date(s) of Failure(s) 04-MAY-2001 76000 Mileage at Failure(s) _____	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	Number of Fatalities	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)

CONSUMER ABLE TO SHIFT FROM PARK TO DRIVE WITHOUT APPLYING BRAKES. *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.

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CONTINUAL ON BACK IF NEEDED

I am very concerned about this failure because I have two children (8 yrs + 4 yrs) that could engage the transmission and be injured.

CONSUMER ABLE TO SHIFT FROM PARK TO DRIVE WITHOUT APPLYING BRAKES. *AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured		Number of Fatalities		Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures		Date(s) of Failure(s)	04-MAY-2001	Mileage at Failure(s)	76000	Vehicle Speed at Failure(s)		Failed Part(s) Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	NHTSA Previously Contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Component	07301000	Part Name(s)	POWER TRAIN: TRANSMISSION: AUTOMATIC INTERLOCK SYSTEM	Location	Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Minor Belt <input type="checkbox"/>	Driver's Side Airbag	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Passenger's Side Airbag	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cruise Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date		Dealers Name	College Hills Honda	City	Wheaton	State	OH	Zip Code	44691	Engine Size	3.3L	(CID/CYL)	6	No Cylinders	No <input type="checkbox"/>	Fuel Injection	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/>
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Vehicle Ident. No. (VIN)	1B4GP54R7TB340431	Vehicle Make	DODGE TRUCK	Vehicle Model	GRAND CARAVA	Vehicle Year	1996	Current Odometer Reading	76275
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VEHICLE INFORMATION

Signature of Owner		Date	5/18/01	Do you authorize NHTSA in the absence of an authorized representative?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Work Number		Home Number	
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<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>Vehicle Owner's Questionnaire (VOQ)</p> <p>DOT Auto Safety Hotline</p>
<p>Date Received</p> <p>01 JUN - 5 AM '01</p> <p>11-MAY-2001</p> <p>Reference No.</p> <p>888018</p>	<p>Work Number</p> <p>888018</p>	<p>Home Number</p> <p>591643</p>