



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

04-JUN-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

889706

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) (Location at bottom of windshield and driver's side) 1P4GP44R8TB421446	Vehicle Make PLYMOUTH TRUC	Vehicle Model GRAND VOYAGE	Vehicle Year 1996	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000 09500000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG COMMUNICATIONS:HORN ASSEMBLY	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-JUL-2000 102000 Mileage at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIRBAG LIGHT HAD COME ON, ALSO HORN STOPPED WORKING. HAD CLOCK SPRING ASSEMBLY REPLACED. *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.

U.S. Department
of TransportationNational 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

JUL 10 AM 10:00

04-JUN-2001

OFFICE

DEFECTS INVESTIGATION

 Od_or _____
 rt_dt _____
 od_rl _____
 up_ltr _____

Reference No.

889706

OWNER INFORMATION (Type or Print)

695549

Work Number

Home Number

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, you will not provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 06/21/01

VEHICLE INFORMATION

 Vehicle Ident. No. (VIN.) (located at bottom of
 windshield, or driver's side)
 1P4GP44R8TB421446

Vehicle Make

PLYMOUTH TRUC

Vehicle Model

GRAND VOYAGE

Vehicle Year

1996

Current Odometer Reading

103116

Purchase Date

May 96

Dealer's Name

Coversa's Military Sales Corp

Engine Size

3.3

(CID/CC/L

No Cylinders

6

☐ Turbo☐ Diesel☒ Gas☒ Fuel Injection☒ New ☐ Used

City

Hudson

State

NY

Zip Code

11771

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☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12110000 09500000	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG COMMUNICATIONS: HORN ASSEMBLY	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) 01-JUL-2000 Mileage at Failure(s) 100000 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AIRBAG LIGHT HAD COME ON, ALSO HORN STOPPED WORKING. HAD CLOCK SPRING ASSEMBLY REPLACED. *AK

CONTINUE ON BACK IF NEEDED

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