



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 231**

Date Received

21-JUN-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

890911

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHRYSLER TRUC	TOWN AND COUN	2000			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 13450000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS	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) _____ 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING DOORS OPENED ON THEIR OWN. \*AK

CONTINUE ON REVERSE

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  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

698429

FOR AGENCY USE ONLY 231  
 Date Received 21 JUN 2001  
 Reference No. 890911

OFFICE OF SAFETY INVESTIGATION  
 890911

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) \_\_\_\_\_ (located at bottom of windshield on driver's side)  
 Vehicle Make CHRYSLER TRUC Vehicle Model TOWN AND COU Vehicle Year 2000  
 Current Odometer Reading \_\_\_\_\_

Purchase Date \_\_\_\_\_ Dealer's Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Engine Size (CID/CYL) \_\_\_\_\_ No Cylinders \_\_\_\_\_ Fuel Injection  Turbo  Diesel  Gas

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

Component 1345000 Part Name(s) STRUCTURE:DOOR ASSEMBLY:LATCHES AND LOCKS  
 Location  Front  Left  Right  Rear  
 Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_ Date(s) of Failure(s) \_\_\_\_\_ Mileage at Failure(s) \_\_\_\_\_ 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(es) on the back of this form)  
 Crash  Yes  No  
 Fire  Yes  No  
 Number of Persons Injured \_\_\_\_\_  
 Number of Failures \_\_\_\_\_  
 Estimated Property Damage \_\_\_\_\_  
 Reported to Police  Yes  No

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

WHILE TRAVELING DOORS OPENED ON THEIR OWN. AN  
 This is a duplicate report  
 see NHT # 890911

CONTINUE ON BACK IF NEEDED  
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