



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

28-JUN-2001

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

Reference No.

891560

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 windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1P4GK44R0PX637640 | PLYMOUTH TRUC | GRAND VOYAGE | 1993 | | | |
| 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 10122000 | Part Name(s) VISUAL SYSTEMS:GLASS:MANUAL WINDOW DOOR AND SIDE | 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) 28-JUN-2001 141000 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 |
|--|---|---------------------------|----------------------|--------------------------|--|

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

CONSUMER STATES WHILE DRIVING 70 MPH THE SIDE WINDOW LOCATED DIRECTLY BEHIND DRIVER SHATTERED. WINDOW IS A MANUAL ONE AND WAS OPEN PART WAY.

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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 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 24 JUN 2001 12:39 PM OFFICE OF INVESTIGATION | Od_or _____ rt_dt _____ od_rt _____ up_tr _____ |
| | OWNER INFORMATION (Type or Print) _____ 699789 | Reference No. 891560 | |

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 7/11/01

| VEHICLE INFORMATION | | | | | | |
|---|---|---|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1P4GK44R0PX637640 | PLYMOUTH TRUC | GRAND VOYAGE | 1993 | | | |
| Purchase Date <u>July 96</u> | Dealer's Name <u>Foot N:112</u> | | Engine Size (CID/CCIL) <u>3.3L</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>Ft. Collins</u> State <u>CO</u> Zip Code _____ | | No Cylinders <u>6</u> | | | |
| 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>3 door</u> |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|--|--|--|
| Component # 10122000 | Part Name(s) VISUAL SYSTEMS:GLASS:MANUAL WINDOW DOOR AND SIDE | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures <u>1</u> | Date(s) of Failure(s) <u>28-JUN-2001</u> Mileage at Failure(s) <u>141000</u> Vehicle Speed at Failure(s) <u>70 mph</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| APPLICATION INCIDENT INFORMATION | | | | | |
|---|---|---------------------------------------|----------------------------------|--|---|
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small> | | | | | |
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>1</u> | Number of Fatalities <u>0</u> | Estimated Property Damage <u>\$260.00</u> | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

WHILE DRIVING 70 MPH SIDE WINDOW LOCATED DIRECTLY BEHIND DRIVER SHATTERED. WINDOW IS A MANUAL ONE, AND WAS OPEN PART WAY. AK
 4yr. old male child sitting in child seat next to window was cut on the face by flying glass.