



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 936

Date Received

05-JUL-2001

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

Reference No.

892015

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 <b>DODGE TRUCK</b>	Vehicle Model <b>CARAVAN</b>	Vehicle Year <b>1997</b>	Current Odometer Reading		
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 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 checked="" type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>08310000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</b>	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) <b>04-JUL-2001</b> 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 checked="" type="checkbox"/> Yes <input 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)

WHILE DRIVING AT 25 MPH CONSUMER NOTICED WHITE SMOKE COMING FROM TAIL PIPE. THEN, WHITE SMOKE AND FLAMES WERE COMING FROM UNDER THE HOOD. CONSUMER STOPPED CAR AND TURNED IGNITION OFF. CONSUMER EXITED THE CAR, AND VEHICLE CAUGHT ON FIRE. PLEASE PROVIDE ANY FURTHER INFORMATION. CONSUMER FEELS THIS MAY RELATED TO RECALL FOR FUEL LEAKAGE. \*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.



**Vehicle Owner's Questionnaire (VOQ)**

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

**FOR AGENCY USE ONLY 335**

Date Received: \_\_\_\_\_  
 Office: DEFECTS INVESTIGATION OFFICE  
 Reference No. 892015

**OWNER INFORMATION (Type or Print)**

Home Number: 700613  
 Work Number: [Redacted]

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: [Redacted] Date: 7/1/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): 2BUEP23342G25022  
 Vehicle Make: DODGE TRUCK  
 Vehicle Model: CARAVAN  
 Vehicle Year: 1997  
 Current Odometer Reading: [Redacted]

Purchase Date: 6/3/00  
 Dealer's Name: Herb Jordan Dodge  
 City: Silver Spring, state MD, zip code 20904  
 Engine Size (CID/CAL): 302CID  
 No cylinders: 6  
 Turbo  Diesel  Gas  Fuel Injection

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

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 08310000  
 Part Name(s): ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD  
 Location:  Front  Left  Right  Rear  
 Failed Part(s):  Original  Replacement  
 NHTSA Previously Contacted?  Yes  No  
 Available?  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.)  
 No of Failures: 2  
 Date(s) of Failure(s): 04-JUL-2002  
 Mileage at Failure(s): 44,000  
 Vehicle Speed at Failure(s): 25 mph  
 Failed Part(s):  Yes  No  
 Available?  Yes  No  
 NHTSA Previously Contacted?  Yes  No

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

Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: 4  
 Number of Fatalities: [Redacted]  
 Estimated Property Damage: [Redacted]  
 Reported to Police:  No  Yes

WHILE DRIVING AT 25 MPH CONSUMER NOTICED WHITE SMOKE COMING FROM TAIL PIPE. THEN, CAR AND TURNED IGNITION OFF. CONSUMER EXITED THE CAR, AND VEHICLE CAUGHT ON FIRE. WHITE SMOKE AND FLAMES WERE COMING FROM UNDER THE HOOD. CONSUMER STOPPED. PLEASE PROVIDE ANY FURTHER INFORMATION. CONSUMER FEELS THIS MAY RELATED TO RECALL FOR FUEL LEAKAGE. \*AK

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CONTINUE ON BACK (REVERSE)

