



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 §20

Date Received

06-AUG-2001

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

Reference No.

893449

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		
1B4GP54L8VB247223	DODGE TRUCK	GRAND CARAVA	1997			
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 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 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 12110000 15300000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG EQUIPMENT:SPEED CONTROL	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) 01-JUN-2001 104000 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 0	Number of Fatalities 0	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)

AIR BAG LIGHT WOULD COME ON/OFF WHILE CRUISE CONTROL FAILED TO OPERATE PROPERLY.
DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT CLOCK SPRING NEEDED TO BE REPLACED.
PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 920</p> <p>Date Received: <u>06-AUG-2001</u></p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Old or rt_dtt _____ ad_rtr _____ up_ltr _____</p> <p>Report No. 893449</p>		
<p>OWNER INFORMATION (Type or Print)</p>						<p>705535</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorized signature, please provide your name and address to the vehicle manufacturer.</p>						<p>Signature of Owner _____ Date <u>8/2/01</u></p>		
<p>VEHICLE INFORMATION</p>								
<p>Vehicle Ident. No. (VIN) (Locate at bottom of windshield on driver's side)</p> <p>1B4GP54L8VB247223</p>		<p>Vehicle Make <u>(VAN)</u> DODGE TRUCK</p>	<p>Vehicle Model GRAND CARAVA</p>	<p>Vehicle Year 1997</p>	<p>Current Odometer Reading 107000</p>			
<p>Purchase Date <u>11/99</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>Hoffmann Chrysler Plymouth</u></p> <p>City <u>Hagerstown</u> State <u>MD</u> Zip Code <u>21740</u></p>		<p>Engine Size (CID/CYL) <u>3.8</u></p> <p>No. Cylinders <u>6</u></p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><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</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>(VAN)</u></p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>								
<p>Component</p> <p>12110900 15300800</p>	<p>Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG EQUIPMENT: SPEED CONTROL</p>			<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>		
<p>No. of Failures</p>	<p>Date(s) of Failure(s) <u>01-JUN-2001</u></p> <p>Mileage at Failure(s) <u>104000</u></p> <p>Vehicle Speed at Failure(s) <u>N/A</u></p>			<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>								
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>0</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>AIR BAG LIGHT WOULD COME ON/OFF WHILE CRUISE CONTROL FAILED TO OPERATE PROPERLY. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT CLOCK SPRING NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p> <p><i>*airbag light remained on permanently until replaced.</i></p>								
<p>CONTINUE ON BACK IF NEEDED</p>								
<p>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.</p>								