



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 117

Date Received

06-AUG-2001

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

Reference No.

893579

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		
1B4GT54L9VB395764	DODGE TRUCK	CARAVAN	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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" 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 07463000 07300000 07360000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS DRIVING VEHICLE WHEN DISTRIBUTOR BEARINGS SEIZED UP AND CAUSED TRANSAXLE TO LOOSEN UP. TRANSMISSION THEN FAILED. VEHICLE IS AN ALL WHEEL DRIVE. TOWED TO DEALERSHIP. MECHANIC INDICATED PLUG ON TRANSMISSION CANISTER CAP HAD MELTED. THIS HAPPEN AT 75,000 MILES. HAD TRANSMISSION REPLACED WITH NEW TRANSMISSION. PROBLEM REAPPEARED IN NEW TRANSMISSION. HAD PREVIOUSLY SMELLED SULFUR LIKE FUMES INSIDE VEHICLE. VEHICLE GAVE BIG JERK , AND MADE A LOUD NOISE BEFORE COMING TO A STOP. ALSO, NOTICED GRAYISH SMOKE IN REAR. AT DEALERSHIP, MECHANIC NOTICED PLUG, MADE OF PLASTIC, HAD MELTED LIKE THE FIRST ONE.*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
Vehicle Owner's Questionnaire (VOQ)

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

FOR AGENCY USE ONLY 117

Date Received: 01 SEP 19 PM 3:00
06-AUG-2001
OFFICE OF DEFECTS INVESTIGATION

Od or rt_dt _____
dd_rt _____
up_lr _____

Reference No.
893579

[Redacted] **705799**

Work Num [Redacted]
Home Num [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, please provide the name and address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 9/1/01 YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): (located at bottom of windshield or driver's side) **1B4GT54L9VB395764** Vehicle Make **DODGE TRUCK** Vehicle Model **CARAVAN** Vehicle Year **1997** Current Odometer Reading **79000**

Purchase Date 5-00 Dealer's Name Kamas Lease Sales Engine Size (CID/CC/L) _____ Turbo
 New Used City Kamas State UT Zip Code _____ Diesel
No Cylinders _____ Gas Fuel Injection

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 Sport UTV Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **07463000 POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT**
07300000 POWER TRAIN:TRANSMISSION:AUTOMATIC
07380000 POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE) Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures 2 Date(s) of Failure(s) 27-MAY-2001 28 July 2001 Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No
Mileage at Failure(s) 78000 79000
Vehicle Speed at Failure(s) 75 mph 45 mph

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 0 Number of Fatalities 0 Estimated Property Damage \$ 1800 - Reported to Police Yes No

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

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CONTINUE ON BACK IF NEEDED

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