



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

07-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893744

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
FILL IN	DODGE TRUCK	GRAND CARAVA	1996			
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 12110000 09500000 15300000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG COMMUNICATIONS:HORN ASSEMBLY 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) _____ 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 AIR BAG WOULD FLASH ON/OFF BEFORE BECOMING SOLID. THIS PROBLEM AFFECTED THE HORN AND CRUISE CONTROL. HAVE TAKEN TO DEALERSHIP, AND WAS INFORMED BY MECHANIC THAT CLOCKSPRING WAS BROKEN.*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 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
Date Received: 07-AUG-2001 Office: DEPT. OF TRANSPORTATION Address: 400... City: WASHINGTON, DC State: DC Zip: 20590		Vehicle Identification Number (VIN): 1B4GP54LXTB394723 Vehicle Make: DODGE TRUCK Vehicle Model: GRAND CARAVA Vehicle Year: 1996 Current Odometer Reading: 65365	
Purchase Date: 22-Apr-96 Dealer's Name: Huffines Dodge City: Lewisville, TX State: TX Zip Code: 75067 Engine Size (CID/CYL): 3.8L No. Cylinders: 6 Turbo: <input type="checkbox"/> Diesel: <input type="checkbox"/> Gas: <input checked="" type="checkbox"/> Fuel Injectio: <input checked="" type="checkbox"/>		Transmission Type: Automatic Antilock Brakes: <input checked="" type="checkbox"/> Yes Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drive Type: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
Vehicle Information Signature of Owner: _____ Date: 8/14/01		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 In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.	
FOR AGENCY USE ONLY 117		OWNER INFORMATION (Print) Work Number: 706175 Home Number: _____	
DEFECTS INVESTIGATION NO. 893744		Date Received: 07-AUG-2001 Office: DEPT. OF TRANSPORTATION Address: 400... City: WASHINGTON, DC State: DC Zip: 20590	
Vehicle Information Vehicle Ident. No. (VIN): 1B4GP54LXTB394723 Vehicle Make: DODGE TRUCK Vehicle Model: GRAND CARAVA Vehicle Year: 1996 Current Odometer Reading: 65365		Dealer's Name: Huffines Dodge City: Lewisville, TX State: TX Zip Code: 75067 Engine Size (CID/CYL): 3.8L No. Cylinders: 6 Turbo: <input type="checkbox"/> Diesel: <input type="checkbox"/> Gas: <input checked="" type="checkbox"/> Fuel Injectio: <input checked="" type="checkbox"/>	
Transmission Type: Automatic Antilock Brakes: <input checked="" type="checkbox"/> Yes Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drive Type: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Location: <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right Failed Parts: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures: 1 Date(s) of Failure(s): 25-JUL-2001 Mileage at Failure(s): 61500 Veh. Speed at Failure(s): <u>com start failure, and speed</u>		Application Incident Information (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)	
Component: 12110000 Interior Systems: Passive Restraint: Air Bag Communications: Horn Assembly Equipment: Speed Control 15300000		Failed Component(s)/Part(s) Information Part Name(s): Location: <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WAS DRIVING VEHICLE WHEN AIR BAG WOULD FLASH ON/OFF BEFORE BECOMING SOLID. THIS PROBLEM AFFECTED THE HORN AND CRUISE CONTROL. HAVE TAKEN TO DEALERSHIP, AND WAS INFORMED BY MECHANIC THAT CLOCKSPRING WAS BROKEN. AK	
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CONTINUE ON BACK IF NEEDED