



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 125**

Date Received

21-AUG-2001

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

Reference No.

894821

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year  | Current Odometer Reading   |  |   |
| 1B4GP54L7VB24244   | DODGE TRUCK   | CARAVAN  | 1997  |  |  |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |  |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>12110000 | Part Name(s)<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

**AIR BAG WARNING LIGHT ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM. DEALER REPLACED CLOCK SPRING. PLEASE GIVE ANY FURTHER DETAILS.\*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.

|   |   |   |  |  |   |  |
|---|---|---|--|--|---|--|
| DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONALWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   | <b>FOR AGENCY USE ONLY</b> 125  |  |  |   |  |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |   | Date Received: <b>21-AUG-2001</b><br>OFFICE: <b>DEFECTS INVESTIGATION</b>   | Od, or _____<br>rt, dt _____<br>bd, rt _____<br>up, ltr _____  |  |   |  |
| <b>OWNER INFORMATION (Type or Print)</b>  |   | Reference No. <b>894821</b>   |  |  |   |  |
| [Redacted] <b>709595</b>  |   | Work Number: <b>Out</b><br>Home No: [Redacted]  |  |  |   |  |
| 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<br>In the absence of a signature and address to the vehicle manufacturer.   |   |   |  |  |   |  |
| Signature of Owner: [Redacted]  |   | Date <b>9/10/2001</b>   |  |  |   |  |
| <b>VEHICLE INFORMATION</b>  |   |   |  |  |   |  |
| Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's door)   | Vehicle Make  | Vehicle Model   | Vehicle Year   | Current Odometer Reading   |   |  |
| <b>1B4GP54L7VB24244</b>   | <b>DODGE TRUCK</b>  | <b>CARAVAN</b>  | <b>1997</b>  | <b>60,492</b>  |   |  |
| Purchase Date: <b>12-31-97</b>  | Dealer's Name: <b>Kurley - Jeep - Dodge City</b>  |   | Engine Size (CID/CC/L) _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City: <b>Mishawaka</b> State: <b>In.</b> Zip Code: _____  |   | No Cylinders: _____  | <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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> 4-Wheel                                  | Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Spor. Ult. 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 |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>  |   |   |  |  |   |  |
| Component: <b>12110000</b>  | Part Name(s): <b>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</b>   |   | Location: <input type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Right Rear | Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement  |   |  |
| No of Failures: <b>1</b>  | Date(s) of Failure(s): _____<br>Mileage at Failure(s): <b>60000</b><br>Vehicle Speed at failure(s): _____ |   | Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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 Damage: _____   | Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>  |   |   |  |  |   |  |
| <p><b>AIR BAG WARNING LIGHT ILLUMINATED, INDICATING A MALFUNCTION WITHIN THE SYSTEM. DEALER REPLACED CLOCK SPRING. PLEASE GIVE ANY FURTHER DETAILS.*AK</b></p>  |   |   |  |  |   |  |
| CONTINUE ON BACK IF NEEDED  |   |   |  |  |   |  |
| The Privacy Act of 1974 (Public Law 93-57): 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. |   |   |  |  |   |  |

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(5)

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