



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 1039

Date Received

01-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897134

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>(Leave blank for VINs not available or destroyed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE ADD VIN#	DODGE	SPIRIT	1990			
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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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 checked="" type="checkbox"/> Yes <input 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)

AIR BAGS DEPLOYED WITHOUT REASON OR WARNING, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. HAD NOT CONTACTED A DEALER YET. CONSUMER REARENDED ANOTHER VEHICLE.*AK

COPIES OF THIS FORM ARE:

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 style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1039</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received <u>01-OCT-2001</u></td> <td style="width:50%;">Dd_or rt_dt od_dt up_itr</td> </tr> <tr> <td colspan="2">Reference No. <u>897134</u></td> </tr> </table>	Date Received <u>01-OCT-2001</u>	Dd_or rt_dt od_dt up_itr	Reference No. <u>897134</u>	
Date Received <u>01-OCT-2001</u>	Dd_or rt_dt od_dt up_itr				
Reference No. <u>897134</u>					
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; height: 40px;">[Redacted]</td> <td style="width:20%; text-align: center;">718065</td> </tr> </table>		[Redacted]	718065		
[Redacted]	718065				
<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 in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>10/15/01</u></p>					

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <u>1A3XA4630LF709630</u>	Vehicle Mak <u>DODGE</u>	Vehicle Mode <u>SPIRIT</u>	Vehicle Year <u>1990</u>	Current Odometer Reading <u>117,000</u>	
Purchase Date <u>10-11-97</u>	Dealer's Name <u>Individual Lee Ratcliff</u>		Engine Siz (CID/CC/L) <u>3 L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Huntington</u>	State <u>WV</u>	Zip Code <u>25725</u>	No. Cylinders <u>V-6</u>	
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Whe	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				Sport Util Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS-PASSENGER RESTRAINTS-AIR BAG-FRONT</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Original Replacement <input checked="" type="checkbox"/>
Date(s) of Failure(s) <u>09-SEP-2001</u>		Mileage at Failure(s) <u>120</u>		
Vehicle Speed at Failure(s) <u>40 mph</u>		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NHTSA Previously <u>UNKNOWN</u>		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>3,000</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

AIR BAGS DEPLOYED WITHOUT REASON OR WARNING, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. HAD NOT CONTACTED A DEALER YET. CONSUMER REARENDED ANOTHER VEHICLE.*AK

CONTINUE ON BACK IF NEEDED

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