

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's QuestionnaireNATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**FOR AGENCY USE ONLY** §20

Date Received

31-OCT-2001

Oid_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898562

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		
2B4GP44R2VR109709	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 08220200	Part Name(s) ELECTRICAL SYSTEM:INSTRUMENT PANEL:COMPUTER COMM	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	Dates of Failure(s) 05-OCT-2001 Mileage at Failure(s) 52000 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

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)

INSTRUMENT PANEL WILL INTERMITTENTLY FAIL, PREVENTING CONSUMER FROM READING SPEED/FUEL LEVELS, AND GEAR VEHICLE IS IN. DEALERSHIP HAS EXAMINED VEHICLE, AND DETERMINED THAT "BODY CONTROL MODULE" COULD POSSIBLY CAUSE THIS PROBLEM. 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.



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 920

Date Received: 31-OCT-2001

Reference No.: 898562

Work Number: _____

Home No: _____

OWNER INFORMATION (Type or Print)

[Redacted]

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): 2B4GP44R2VR109709 Vehicle Make: DODGE TRUCK Vehicle Model: GRAND CARAVA Vehicle Year: 1995 Current Odometer Reading: _____

Purchase Date: _____ Dealer's Name: Maxley Motors Engine Sz: V6/2000 cc Turbo: Diesel: Gas: Fuel Injected:

New Used City: Ed. Collins State: GA Zip Code: 30025 No. of Cylinders: _____

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 Utl Van Truck Minivan Motorcycle Other Body Style: 2-Door 4-Door Station wagon Pick Up Truck Van

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08320200 Part Name(s): ELECTRICAL SYSTEM; INSTRUMENT PANEL; COMPUTER COMM Location: Left Right Front Rear Failed Part(s): Original Replacement

No. of Failures: _____ Date(s) of Failure(s): 05-OCT-2001 Mileage at Failure(s): 52000 Vehicle Speed at Failure(s): _____ Failed Part(s): Yes No NHTSA Previously: Yes 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: Yes No Fire: Yes No Number of Persons Injured: 0 Number of Fatalities: 0 Estimated Property Damage: _____ Reported to Police: Yes No

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

INSTRUMENT PANEL WILL INTERMITTENTLY FAIL, PREVENTING CONSUMER FROM READING SPEED/ FUEL LEVELS, AND GEAR VEHICLE IS IN. DEALERSHIP HAS EXAMINED VEHICLE, AND DETERMINED THAT "BODY CONTROL MODULE" COULD POSSIBLY CAUSE THIS PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS: *AK

*The part determined to be cause was "last name" ~~and~~ Chrysler circuit board