



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 241**

Date Received

16-NOV-2001

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

899205

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
2B4GT45R8ER274288	DODGE TRUCK	CARAVAN	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) _____ 08-OCT-2001 Mileage at Failure(s) _____ 74953 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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

EA 01 007/ AIR BAG CLOCKSPrING: AIR BAG SENSOR LIGHT WOULD COME ON AND GO OUT INTERMITTENTLY. DEALER NOTIFIED, AND INFORMED CONSUMER THAT PROBLEM WAS CLOCKSPrING FAILURE. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*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)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.doc.gov/hotline  
 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-CUT

**OWNER INFORMATION (Type or Print)**  
 Home Num: [Redacted]  
 Work Num: [Redacted]  
 726565

Reference No. 899205

Delivered by [Redacted]

Order # [Redacted]  
 Date of purchase [Redacted]  
 Order # [Redacted]  
 Date of purchase [Redacted]

Do you authorize NHTSA to provide a copy of your name and address to the vehicle manufacturer?  
 YES  
 NO

Signature of Owner: [Redacted]  
 Date: 11/26/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): ZBAG145R82R274288  
 Vehicle Mark: DODGE ~~BRZR~~ CARAVAN  
 Vehicle Year: 1997  
 Current Odometer Reading: 75615

Purchase Date: 2-26-97  
 Dealers Name: GANLEY DODGE CTR (TRANSURY FLEET MGT CORP)  
 City: OH Zip Code: [Redacted]  
 State: OH  
 No. Cylinders: 6  
 Engine Size (CID/CC/L): 3.3  
 Turbo:  Diesel:  Gas:  Fuel Injectio:

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

Transmission Type:  Automatic  
 Restraint System:  3-Point Belt  
 Antilock Brakes:  Yes  
 Drive Type:  Front  
 Vehicle Type:  Car  
 Body Style:  2-Door  4-Door  Stationwagon  Truck

**Component:** 12110000  
**Part Name(s):** INTERIOR SYSTEMS-PASSIVE RESTRAINT AIR BAG

Location:  Front  Rear  
 Location:  Left  Right

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No. of Failures: 1  
 Date(s) of Failure(s): 08-OCT-2001  
 Mileage at Failure(s): 74953  
 Vehicle Speed at Failure(s): N/A

**NA: RATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

Crash:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: [Blank]  
 Number of Fatalities: [Blank]  
 Estimated Property Damage: [Blank]  
 Reported to Police:  Yes  No

EA 01 007/ AIR BAG CLOCKSPRING: AIR BAG SENSOR LIGHT WOULD COME ON AND GO OUT INTERMITTENTLY. DEALER NOTIFIED, AND INFORMED CONSUMER THAT PROBLEM WAS CLOCKSPRING FAILURE. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK  
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CONTINUE ON BACK IF NEEDED

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**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)(6)**

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