



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-6393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK:

FOR AGENCY USE ONLY

Date Received 2/23/00	Order _____
Reference No. N/A	Model _____
	Year _____
	Make _____
	Use _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

manufacturer of your vehicle? No SIGNATURE OF OWNER _____ DATE _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 2B6HBAIX8SK500224	VEHICLE MAKE DODGE	VEHICLE MODEL MARK III VAN	MANUFACTURE DATE	MODEL YEAR 1995
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VEHICLE MANUFACTURER
 BMW Ford Honda Nissan Subaru Volvo Other
 Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE 6/5/98	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME BONIFACE-HIERS	CITY MERCITT ISLAND	STATE FL	ZIP CODE 32952
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ENGINE SIZE (CID/CC/L) NO. CYLINDERS 6	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input checked="" type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station Wagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Light & Alarm <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System/Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other CABLE FLOOR Select Ball and Shimmy SHAFT CAR ROLLED THRU	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 50,045	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT	<input type="checkbox"/> Original <input type="checkbox"/> Replacement	

HANDICAPPED ADAPTIVE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Comodod/Rust <input type="checkbox"/> Weak/Poor Ft./Load <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Strike/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fro <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		

PLEASE DO NOT WRITE IN THIS AREA



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Narrative description of incident(s), cause(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

THE CABLE THAT CONTROLS THE
SELECTION OF TRANSMISSION & VAN
MOVEMENT IS MOUNTED THROUGH THE
FRONT FIREWALL NEXT TO THE
BATTERY ON THE POSITIVE POST & THE
CABLE PIN SAC 79293 CORRODED
ALL THE WAY THROUGH & I COULD NOT
SELECT THE GEAR POSITION OF WHICH
TO MOVE THE VAN.

THIS IS A BAD DESIGN & THE
CABLE SHOULD BE MOVED SOME
WHERE ELSE.

I DON'T KNOW IF ALL 94 \$95
\$96 VAN'S ARE THIS WAY OR NOT, BUT
THE MFG. SHOULD BE TOLD TO ADVISE
ALL OWNERS OF THIS TYPE OF VAN

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502: 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 or any other request. 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.

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NHTSA Form 350 (Rev. 8/99)

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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