



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
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 <i>5/18/2000</i>	Other _____
Reference No.	n.d. _____
	nd.r. _____
	up. t. _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

STANDARD NUMBER OF YOUR VEHICLE: _____ SIGNATURE OF OWNER: _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 2B7HB21Y6YK506404	VEHICLE MAKE DODGE	VEHICLE MODEL CONVERSION RAMVAN2500	MANUFACTURE DATE 8-1996	MODEL YEAR 1997
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VEHICLE MANUFACTURER

<input type="radio"/> BMW	<input type="radio"/> Ford	<input type="radio"/> Honda	<input type="radio"/> Nissan	<input type="radio"/> Subaru	<input type="radio"/> Volvo	<input type="radio"/> Other _____
<input checked="" type="radio"/> Daimler/Chrysler	<input type="radio"/> General Motors	<input type="radio"/> Hyundai	<input type="radio"/> Saab	<input type="radio"/> Toyota	<input type="radio"/> VW	

PURCHASE DATE 4-3-97	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME MARTIN DODGE	CITY TURNERSVILLE	STATE NJ	ZIP CODE 08012
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ENGINE SIZE 318	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorboat <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
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DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other _____	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE CONVERSION VAN <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input type="radio"/> Sedan <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System: Exhaust <input type="radio"/> In-cab: Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ <input type="text"/> ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME INVICTA GL	COMPLETE TIRE SIZE P235-75R15
	MILEAGE AT INCIDENT	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input checked="" type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	<i>I GOT 20000 MILES OUT OF THIS TIRE - I THINK A CONV. VAN IS TO HARDY FOR THIS TYPE TIRE LIGHT TRUCK WOULD BE BETTER</i>
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input type="radio"/> Original <input type="radio"/> Replacement	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No

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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ <input type="text"/> ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Loos <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnected/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Slant <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadequate Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ <input type="text"/> ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳		

PLEASE DO NOT WRITE IN THIS AREA



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