



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO ARFA (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>7/3/01</i>	Order _____
Reference No.	Unit _____
	od nt _____
	ip-ir _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE +4

AREA CODE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1B4GP94L9TB349269		VEHICLE MAKE Dodge	VEHICLE MODEL Grand Caravan	MANUFACTURE DATE	MODEL YEAR 1996	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input checked="" type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE		
ENGINE SIZE KODJOCU	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input 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 checked="" type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <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 Brakes <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES 3	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <i>all the time</i>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <i>64,000 69,000 72,000</i>	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	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form.	CRASH <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Tam <input type="checkbox"/> Disconnect/Fel 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"/> Locker/Slack/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input 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 type="checkbox"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



02779

... (failures), location(s), and injury(ies). Include national accidents if applicable.

Body Control has gone out 3 times

#1 - windshield wipers would not work

#2 - issue on steering

#3 -

Use on additional page if necessary.
File any additional incidents. (include date and mileage)
 Privacy Act of 1974—Public Law 93-579 This information is requested by the National Highway Traffic Safety Administration to assist in its ongoing efforts to improve highway safety. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer takes appropriate action to correct a safety defect. If the NHTSA proceeds with an enforcement or litigation against a manufacturer, your response, or a summary thereof, may be used in support of the agency's action.

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

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

1-888-327-4236

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

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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 National Highway Traffic Safety Administration