



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 <u>1/17/02</u>	City _____
Reference No. _____	State _____
	Zip _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) <u>1BAGP4AR0TB195159</u>		VEHICLE MAKE <u>Dodge</u>	VEHICLE MODEL <u>Grand Caravan</u>	MANUFACTURE DATE	MODEL YEAR <u>1996</u>	
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 <u>8/00</u>	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE	
ENGINE SIZE (CID/CO) <u>3.3L</u>	FUEL SYSTEM <input type="radio"/> Turbo <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> rollover <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input checked="" type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input checked="" type="radio"/> Hardtop <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

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"/> Interior: 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"/> Vision Systems <input checked="" type="radio"/> Other: <u>Air bag light on-horn doesn't work - no crosswalk</u>	NO. OF FAILURES <input type="checkbox"/> 0 <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	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	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other		
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement		
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <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 checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <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	CAUSE OF INCIDENT <input type="radio"/> Wear/Crosses/Rus: <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Car/Tire <input type="radio"/> Disconnect/Fel Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nifty <input type="radio"/> Leaks <input type="radio"/> Shunt <input type="radio"/> Locks/Sticks/Graze <input type="radio"/> Stability/Vibration <input type="radio"/> Brakes	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stall <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <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		

PLEASE DO NOT WRITE IN THIS AREA



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

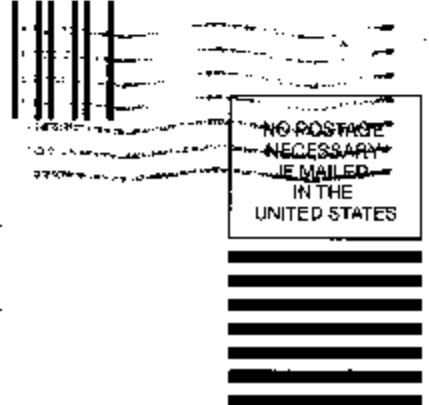
The Airbag light came on, I no longer have a working horn or Cruise control.
Went to a dealer, they told me they think this has been recalled.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-579. This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are under no obligation to respond to this request. Your response may be used to assist the NHTSA in determining the manufacturer should take appropriate action. The NHTSA proceeds with administrative enforcement or litigation against a manufacturer, you or anyone, or a specific attorney thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)



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

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

2039070002



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



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

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



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