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Form Approved: O.M.B. No. 2127-0008

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

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

FOR AGENCY USE ONLY
Date Received: 2/26/02
Reference No.:
Class: ___ ___
___ ___
___ ___

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

[redacted]

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side): 2P4FP25B7VR391278

VEHICLE MAKE: Plymouth
VEHICLE MODEL: Voyager
MANUFACTURE DATE:
MODEL YEAR: 1997

VEHICLE MANUFACTURER
○ BMW ○ Ford ○ Honda ○ Nissan ○ Subaru ○ Volvo ○ Other
● Daimler/Chrysler ○ General Motors ○ Hyundai ○ Saab ○ Toyota ○ VW

PURCHASE DATE: Aug. 1999
○ New ● Used
DEALER'S NAME: Ware's Auto
CITY: Traverse City
STATE: MI
ZIP CODE: 49686

ENGINE SIZE (CID/CC/L): ___
NO. CYLINDERS: 3

FUEL SYSTEM: ○ Turbo ○ Fuel Injector
FUEL TYPE: ○ Diesel ● Gas
TRANSMISSION TYPE: ○ Manual ● Automatic
ANTI-LOCK BRAKES: ○ Yes ○ No
RESTRAINT SYSTEM: ○ Driverside Airbag ○ Passengerside Airbag ○ 3-Point Belt ○ 2-Point Belt ○ Motorbelt
CRUISE CONTROL: ○ Yes ● No

DRIVETRAIN: ○ Front ○ 4 Wheel ○ Rear
VEHICLE TYPE: ○ Car ● Minivan ○ Truck ○ Other ○ Van ○ Sport Utility ○ Motorcycle
DOORS: ● 2-Door ○ 4-Door
BODY STYLE: ○ Hatchback ○ Sedan ○ Pick Up Truck ○ Station wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT
○ Child Seat
○ Electrical Lights & Alarms
○ Engine & Cooling System
○ Equipment
○ Fuel System, Exhaust
○ Heater, Defrost, Ventilation
○ Interior
○ Parking Brake
○ Power Train
○ Service Brakes
○ Steering
○ Structure
○ Suspension
○ Visual Systems
● Other: Transmission

NO. OF FAILURES: 0 ● 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

INCIDENT DATE: November 2001

MILEAGE AT INCIDENT: 56,000

VEHICLE SPEED AT INCIDENT:

FAILED PART(S)
● Original
○ Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).

TIRE NAME:
COMPLETE TIRE SIZE:

TIRE BRAND
○ BF Goodrich
○ Cooper
○ Firestone
○ Goodyear
○ Kelly Springfield
○ Michelin
○ Yokohama
○ Other

HANDICAPPED ADAPTIVE: ○ Yes ○ No
FAILED PART(S) AVAILABLE? ○ Yes ○ No
NHTSA PREVIOUSLY CONTACTED? ○ Yes ○ 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: ○ Yes ○ No
FIRE: ○ Yes ○ No

NUMBER OF PERSONS INJURED: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
NUMBER OF FATALITIES: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

CAUSE OF INCIDENT
○ Wear/Corroded/Rust ○ Noisy
○ Weak/Poor Fit/Loose ○ Leaks
○ Cut/Torn ○ Short
○ Disconnect/Tell Off ○ Cracks/Strikes/Grabs
○ Erratic/Poor Performance ○ Stability/Vibration
○ Excessive Effort ○ Broken

RESULT OF INCIDENT
○ Explosion/Fire
○ Loss of Control
○ Poor Visibility
○ Inadvertent Start
○ Rollover
○ Stall
○ Sudden Acceleration

PLEASE DO NOT WRITE IN THIS AREA

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