



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4235)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY - 257

Date Received **07 FEB 25 AM 6:13**
10-JAN-2003
Reference No. **00002532**

DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **GRAND ISLAND** State **NH** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address **[REDACTED]**
Evening Telephone Number **[REDACTED]**

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date **1/1**

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4GP54R5TB154063

Make **DODGE** Model **GRAND CARAVAN** Model Year **1996**

Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
No. Cylinders _____

Original Owner Dealer's City _____ State _____ Zip Code _____

Transmission Type _____ Antilock Brakes _____ Powertrain _____ Vehicle Component Code **071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY**
 Cruise Control _____ Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **02-OCT-2000** Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM1A5ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fine Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING ON THE HIGHWAY THERE IS A FUEL SMELL COMING INSIDE OF THE VENTS, AND THERE IS FUEL LEAKING FROM UNDERNEATH THE VEHICLE. PLEASE FURNISH ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEM.*JB
I took it to the Dealership & they lowered. The TANK & discovered Built in check on the Top of the front of the tank is Leaking & The only way to Get the check valve is to replace the tank.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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 questionnaire. 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I don't feel this is fair AS they have ALREADY had Troubles with the O Ring on this Tank

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 71173 WASHINGTON, D.C.

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

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DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
OR

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and dial toll free at

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(DASH) & DOT



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