



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383  
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 <b>02-19-03</b>	Odor _____ rust _____ od-r _____ up-tr _____
Reference No. <b>10008706</b>	

OWNER INFORMATION (Type or Print)		DAYTIME TELEPHONE NUMBER	
NAME STREET NO. <b>Clermont</b> APT. NO. <b>F1</b> CITY STATE ENTER ZIP CODE		ZIP CODE + 4 AREA CODE	

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: **Jan 20, 2003**

VEHICLE INFORMATION											
VEHICLE IDENT. NO. (VIN) (Entered at bottom of windshield or driver's side) <b>1B9GP34L38Y2137C7</b>			VEHICLE MAKE <b>DODGE</b>		VEHICLE MODEL <b>Grand Caravan 4-Door</b>		MANUFACTURE DATE <b>7 96</b>		MODEL YEAR <b>1997</b>		
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 <b>Dodge</b> <input 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 <input type="radio"/> New <input checked="" type="radio"/> Used		DEALER'S NAME <b>Toyota Dealer on 50</b>		CITY <b>Orlando</b>		STATE <b>Fl</b>		ZIP CODE			
ENGINE SIZE (CID/CC/L) <b>3.9L</b>		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 type="radio"/> Yes <input type="radio"/> No		RESTRAINT SYSTEM <input checked="" type="radio"/> Driveway Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt	
NO. CYLINDERS		CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <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 type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Stationwagon <input type="radio"/> Pick Up Truck	

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"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brakes <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input checked="" type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿	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	<input type="radio"/> Original <input type="radio"/> Replacement	
PAIRED PART(S)			

HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No
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APPLICABLE INCIDENT INFORMATION			
Please describe in detail the incident(s), failure(s), crash(es), and injury(es) 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 ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Flatt <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Notay <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grease <input type="radio"/> Stability/Vibration <input type="radio"/> Broken
	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 ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿	

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

*we think the Dodge should fix the BCM because we did not do any thing to cause it. Our dash light dont work so we dont know how fast we are going after dark. We paid \$71.68 just to find this out & waited about 5 hrs. in Kalaburg.*

*It was working fine & one night we couldnt see speedometer all at once. No accidents or anything.*

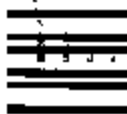
*Thank you.*

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502 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.

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Washington, DC 20590

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
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Official Business  
Penalty for Private Use \$300



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



# VEHICLE OWNER QUESTIONNAIRE (VOLUNTARY)

## 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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

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DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**