



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  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY

Date Received

RECEIVED

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_br \_\_\_\_\_

Reference No.

10009487

OFFICE  
DEFECTS INVESTIGATION

Daytime Telephone Number

## OWNER INFORMATION (Type or Print)

 Name: [Redacted] DE  
 Street No: [Redacted] Apt. No.: \_\_\_\_\_  
 City: Fort Wayne State: Indiana Zip: [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 01/30/03

## PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 2B4GP44G1XR [Redacted]		Make Dodge-Grand CARRAVAN		Model Sport EV Break Enter Van		Year 1999
Purchased Date June 99	Dealer's Name Main-On-Mobility			Engine Size (CID/CC/L) 3.3	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Fort Myers, FL		State FL	Zip Code 33912	No. Cylinders 6	<input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Manufacturer Date (on driver's door or pillar) April-1999	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System SRS Airbag <input type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motorized <input checked="" type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <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"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Date Nov. 27, 2000	Part Name(s) EVC-EGE-SS Electronic ABS + Brake System + Steering Wheel	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	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), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Driving on Hwy 16 in Florida - traveling about 70 mph - my equipment failed - my van veered to left - I had no steering or brakes - I kept pulling my brakes & trying to steer to no avail - we went sideways down the median embankment, up the other side embankment toward oncoming traffic, stopping within 6' of East-bound traffic. Company implied driver error. I'm very afraid of my van - especially after hearing of identical problem in South Carolina & New Hampshire. My equipment failed - how many have died.

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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)

and never lived to say what happened? I now only have 12800 miles on my van, because I'm afraid it'll happen again - this van is my independence. I work 2 days a week, so I drive short distances - afraid to drive any distant places. This company has a problem, but does not acknowledge, or seem to care that people are getting killed because their equipment is faulty

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 73173 WASHINGTON, D.C.

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



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



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

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(DASH) 2 DOT



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