



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: 2003 MAR -7 PM 12:29
04-MAR-2003
Repository
Reference No. 10009828

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: RICHLAND CENTER State: WI 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?
In the absence of an authorized signature, this report will be sent to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 4/1/03

VEHICLE INFORMATION
Make: DODGE Model: GRAND CARAVAN Model Year: 1996
Date Purchased: 31-DEC-02 Dealer's Name and Telephone Number: Jones Chevrolet Inc. Used
Original Owner: [Redacted] Dealer's City: Richland Center State: WI Zip Code: 53581
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Cruise Control
Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: Both Air bags failed

FAILED COMPONENT(S)/PART(S) INFORMATION
Incident Date(s): 12/31/02 Failure Mileage: 120,000 Failure Speed: 35
2 days after accident I received a letter about the faulty Air bags. I was

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE
Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE
Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)
Crash: Yes No Fire: Yes No
Number of Persons Injured: 2 Number of Deaths: 0 Reported to Police: N Yes

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).

THE VEHICLE WAS INVOLVED IN A COLLISION YET THE DRIVER'S SIDE AIR BAG FAILED TO DEPLOY. *NLM
If my air bag would have opened, I would have avoided the injuries I recieved to shoulder, back + neck + hand. The Passengers bag did open but it opened deflated.

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 granted 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 alert 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.

already concerned why it they did not work.