



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 1367

Date Received

Repository

2003 JUL -3 AM 10:20  
27-MAY-2003

Reference No.  
10021588

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City ROCHESTER

State MN

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

To the absence of which WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/25/03

VEHICLE INFORMATION

Make  
DODGE

Model  
GRAND CARAVAN

Model Year  
2000

Date Purchased  
Aug 2000

Dealer's Name and Telephone Number  
Adams (507) 289-4004

Engine:  
No. Cylinders  
6

Fuel Type:  
Flex Fuel  
(Unlabeled)

Original Owner

Dealer's City  
Rochester

State  
MN

Zip Code  
55901

Transmission Type  
Automatic

Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

071100 FUEL SYSTEM, GASOLINE; STORAGE; TANK ASSEMBLY

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)  
27-MAY-2003

Failure Mileage  
42000

Failure Speed  
—

Fuel leak related to fuel clamp failure.  
Repaired @ Goodyear

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: DOTM15ABC036)

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

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).

VEHICLE IS EXPERIENCING THE SAME DEFECT WITH FUEL SYSTEM LEAKAGE AS STATED IN RECALL 00 V 268 000 BUT IT'S V IS NOT INCLUDED IN RECALL DUE TO VIN. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.