



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 1368

Date Received
2003 SEP 12 AM 8:48
24-JUL-2003

Repository
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10030023

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: WINNETKA State: CA Zip Code: [Redacted]
Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [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: 2B4GD44R6YK633014
Make: DODGE Model: GRAND CARAVAN Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: Tempe DODGE
Engine: No. Cylinders: _____ Fuel Type: unlead
Original Owner: Dealer's City: Tempe State: AZ Zip Code: 85284
Transmission Type: _____ Antilock Brakes Powertrain: _____ Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
 Cruise Control Multiple Failure: 1 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-JUL-2003 Failure Mileage: 28,000 Failure Speed: 0 Fuel pump

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: go 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: Yes No Fire: 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).

CONSUMER STATES THAT WHILE DRIVING AT ANY SPEED AND WITHOUT WARNING VEHICLE WILL SHUT OFF, CAUSING CONSUMER TO PULL OVER. DEALER NOTIFIED. *AK

Before I receive receive this letter - my van is dead again and this time it's on Free Way 5 right now my van (junk van) is in worthington dealer. we are so luck we did not kill anyone on Free way. If my family all dead all because of DODGE junk car. If you care enough for my family

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)

especially

I have a handicap daughter and right now she does not have her wheel chair with her because is in the van and there is no way I could get it home for her specially it 2 HRS. away. The most sad part is your mechanic at a dependable Dodge, Inc in Cohoga park, CA - does not do their job to fix it right. AND they on top of that they charge me for it just because my van is converted.

If you care enough call me! I'll be out of town return on 8/12

Thank you

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



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, NVS-216
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
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and dial toll free at

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(DASH) 2 DOT



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