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

2004 FEB

FOR AGENCY USE ONLY 1367

Date Received	Repository
26-AUG-2003	
	Reference No. 10037655

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: KANSAS CITY	State: KS	Zip Code: [redacted]	Evening Telephone Number

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side	Make	Model	Model Year
2P4GP45GXX[redacted]	CHRYSLER	VOYAGER SE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Dec. 2001	Matt Ford				
Original Owner ☐	Dealer's City 29706 E. US 24 Hwy Buckner	State MO	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control		071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
4	65000	55	

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: DOTMALBABC036)	☐ 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			Y

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).

WHILE DRIVING AT 55 MPH CONSUMER NOTICED SMOKE THROUGH THE REAR VIEW MIRROR COMING FROM THE REAR OF VEHICLE. WHEN THIS OCCURRED VEHICLE HESITATED TO ACCELERATE. WITHIN SECONDS OF THE CONSUMER PULLING OVER AND EXISTING THE VEHICLE, IT EXPLODED. THE FIRE INSPECTOR INDICATED THAT THE CAUSE OF THE FIRE WAS DUE TO A FUEL TANK LEAK. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 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.

DAIMLERCHRYSLER

DaimlerChrysler Corporation
Office of the General Counsel

July 29, 2003

[redacted]
Kansas City, KS [redacted]

RE: Vehicle: 1999 Plymouth Voyager SE
VIN: 2P4GP45GXX[redacted]
Our File No.: [redacted]

Mr. [redacted]

In a diligent attempt to determine the merits of your claim, DaimlerChrysler Corporation conducted an investigation and inspected your vehicle.

The inspection showed no flaws related to a manufacturer/design defect. Based on the information we received, DaimlerChrysler Corporation must deny your claim at this time.

We are sorry we cannot be more helpful.

Sincerely,

John Paul Hunt
Customer Resolution Group
(248) 512-2571

DAIMLERCHRYSLER

June 16, 2003

DaimlerChrysler Corporation
Office of the General Counsel

[redacted]
Kansas City, KS [redacted]

Dear M[redacted]

Thank you for contacting DaimlerChrysler Corporation with regard to your 1999 Plymouth Voyager Se, VIN #: 2P4GP45GXX[redacted]. I am in the process of reviewing your file and will inform you of our decision as soon as practicable. If I determine that a vehicle inspection is necessary, someone will contact you soon to set up an appointment convenient to your schedule.

If you have any questions regarding this matter, I may be reached at the number below.

Very truly yours,

Tammy Daniels/cw

Tammy Daniels
Customer Claims Resolution Group
(248) 512-2571

MAGGIE MASON
248-512-4087

JOHN - JUNE 30th

JOHN ~~BARTELS~~
PAUL HUNT

PROMISED TO CALL BACK ON 7-1-03 - NO CALL RECEIVED.
CALLED HIM AGAIN 7-2-03...

My name is [redacted]

- I was traveling home from work on Friday April 25th 9:30 and I looked in my rear view mirror and saw smoke, I thought that it was coming from another Vehicle.

- It was actually coming from my Mini Van my van accelerated from 55 miles up to 85 all on its on. Than it begin to jerk.

- I manage to get the vehicle off of the interstate. The van stop at the end of the exit, and smoke was coming from the back and front.

- I got out of the van, and it caught on fire. The fire department came and put the fire out. All of the Van parts underneath the hood were destroyed.

- The insurance company total the Van out.
We contact Chrysler to let them know what happen.
We talk with Tammy Daniels on Monday July 25th and she told us that she had the power to make-sure that we would not get anything.

Enclosed you will find a copy of the final letter that we received from.

Thank you

[redacted]

A

FDID: WY101 ☆ | State: KS ☆ | Incident Date: MM 04 DD 25 YYYY 2003 ☆ | Station: 05 | Incident Number: [redacted] ☆ | Exposure: 0 ☆

☐ Delete ☐ Change ☐ No Activity

NFIRS - 1 Basic

B Location ☆

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract _____ - _____

☐ Street address
☒ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

0 | | PACIFIC | AV | |
Number/Milepost | Prefix | Street or Highway | Street Type | Suffix

| KANSAS CITY | KS | [redacted] - |
Apt/Suite/Room | City | State | Zip Code

19TH ST EXPWY
Cross street or directions, as applicable

C Incident Type ☆

1300 MOBILE PROPERTY
Incident Type

D Aid Given or Received ☆

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State
Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour	Min
Alarm ☆ (ALARM always required)	04	25	2003	16:23:50	
☐ Arrival ☆ (ARRIVAL required, unless canceled or did not arrive)	04	25	2003	16:27:14	
☐ Controlled (CONTROLLED optional, except for wildland fires)					
☐ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	04	25	2003	17:03:53	

E2 Shift & Alarms

Local Option

Shift or platoon | Alarms | District

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken ☆

860 INVESTIGATE
Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources ☆

☐ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	1	3
EMS		
Other		

☐ Check box if resource counts include aid received Resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property	$		5 000	☐
Contents	$			☐

PRE-INCIDENT VALUE: Optional

Property	$		10 000	☐
Contents	$			☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civilian Fire Cas.-4
☐ Fire Serv. Casualty-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties ☆ ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for confined fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: Vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: Vehicle fuel tank or portable storage
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling <55 gallons
9 ☐ Other: Special HazMat actions required or spill > 55 gal.,
Please complete the HazMat form

I Mixed Use Property

NN ☒ Not mixed
10 ☐ Assembly use
20 ☐ Education use
30 ☐ Medical use
40 ☐ Residential use
50 ☐ Row of stores
60 ☐ Enclosed mall
70 ☐ Business & residential
80 ☐ Office use
90 ☐ Industrial use
92 ☐ Military use
95 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆ *Structures*

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school or kindergart.
215 ☐ High school or junior high
241 ☐ College, adult ed.
311 ☐ Care facility for aged
331 ☐ Hospital
341 ☐ Clinic, clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2- family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
579 ☐ Motor vehicle/boat sales/repairs
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
819 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☒ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Look up and enter a Property Use code only if you have NOT checked a Property Use box

Property Use _____

K1. Person/Entity Involved
Local Option

Business name (if applicable) | Area code | Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr. , Ms. , Mrs. | First Name | MI | Last Name | Suffix

Street Address

☐ Check this box if the Person involved is the Same as the Owner ?

Post Office Box | Apt./Suite/Room | City

State | Zip code

L Remarks: (Local Option)

Fire Module Required? Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

☐	Building 111	Complete Fire & Structure	☒	Vehicle 130-138	Complete Fire Module
☐	Special structure 112	Complete Fire Mod. & the I block on Structure Module	☐	Vegetation 140-143	Complete Fire Wildland
☐	Confined 113-118	Complete Basic Module	☐	Outside rubbish fire 150-155	Complete Basic Module
☐	MobileProperty 120-128	Complete Fire Module	☐	Special outside fire 160-164	Complete Fire Module
			☐	Crop fire 170-173	Complete Fire Module

M Authorization

Check box if same as Officer in charge.								
	385				04	25	2003
	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
☐							
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

A

FDID	State	MM (Incident Date)	DD (Incident Date)	YYYY (Incident Date)	Station	Incident Number	Exposure
WY101	KS	04	25	2003	09	[redacted]	0

☐ Delete ☐ Change

NFIRS - 2 Fire

B Property Details

B1 _____ ☐ Not Residential
Estimated number of residential living units in building of origin *Whether or not all units become involved*

B2 _____ ☐ Buildings not involved
Number of buildings involved

B3 _____ _____ ☒ None ☐ Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products ☒ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, *whether or not they became involved.*

Enter up to three codes. Check one box for each code entered.

On-Site material (1) _____ _____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-Site material (2) _____ _____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-Site material (3) _____ _____
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 030 ENGINE AREA, RUNNING GEAR,
Area of fire origin ☆

D2 000 HEAT SOURCE: OTHER
Heat source ☆

D3 810 ELECTRICAL WIRE, CABLE
Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin

D4 230 GASOLINE
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition ☆

☐ Check box if this is an exposure report. Skip to Section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☒ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing To Ignition ☒ None

Factor contributing to ignition (1) _____ _____

Factor contributing to ignition (2) _____ _____

E3 Human Factors Contributing To Ignition

Check all applicable boxes ☒ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person involved _____

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☒ None If equipment was not involved, skip to section G

Equipment involved _____ _____

Brand _____

Model _____

Serial # _____

Year _____

F2 Equipment Power

Equipment Power Source _____ _____

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☒ None

Fire suppression factor (1) _____ _____

Fire suppression factor (2) _____ _____

Fire suppression factor (3) _____ _____

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☒ Involved in ignition and burned

H2 Mobile Property Type & Make

100 PASSENGER ROAD VEHICLE, OTHER
Mobile property type

PLO PLYMOUTH
Mobile property make

VOYAGER SE
Mobile property model

1999
Year

_____ KS 2P4GP45GXX[redacted]
License Plate Number — State — VIN Number