



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

FOR AGENCY USE ONLY 100148

Date Received  
30-SEP-2003

Repository

Reference No.  
10042003

OWNER INFORMATION (Type or Print)

Name  
Address  
City WHITE LAKE State MI Zip Code

Daytime Telephone Number  
Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner Date 09/18/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2B4FP2537UR227166  
Make DODGE Model CARAVAN Model Year 1997  
Date Purchased 12-97 Dealer's Name and Telephone Number M-59 0066 248-887-3222  
Original Owner  Dealer's City HIGHLAND State MI Zip Code 48357 Engine No: Cylinders 6 Fuel Type: UNLEADED REG  
Transmission Type  Antilock Brakes Powertrain FRONT WHEEL Vehicle Component Code 021900 SUSPENSION:FRONT:SHOCK ABSORBER  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-SEP-2003 Failure Mileage 144,000 Failure Speed SHOCKS TO WHEEL HAS NOT FAILED YET BUT THE DECAYING OF THE TOWER IT WOULD NOT HAVE BEEN LONG.

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: DOTM123ABC036)  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, failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 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).

SHOCK TOWER IS DECAYING AND CAUSING VEHICLE TO LOSE CONTROL. \*AK  
OVER TIME I'VE WATCHED THE TOWER RUST AND FINALLY START TO SEPARATE, TO THE POINT THAT THE METAL WAS RIPPING APART. IF IT WAS TO FAIL AT HIGHWAY SPEED STEERING COULD BE GREATLY COMPROMISE OR LOST.  
CHRYSLER DEALER TOOK LOOK AND SAID THEY WOULD REPLACE THE DEFECTIVE PART, EQUAL WITH THE AMOUNT OF MILES ON VEHICLE. AS OF THIS WRITING PART IS STILL ON CAR AND AVAILABLE TO LOOK AT.

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

The Privacy Act of 1974 (Public Law 93-578) 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.