



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 100161

Date Received: 25-NOV-2003
Repository:
Reference No.: 10048640

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CAPE GIRARDEAU State: MO 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 12/16/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1C4GJ253018 [Redacted]
Make: CHRYSLER Model: VOYAGER Year: 2001
Date Purchased: 09/14/01 Dealer's Name and Telephone Number: King Chrysler (314) 654-2000
Original Owner: Dealer's City: St. Louis State: MO Zip Code: 63110
Engine: No. Cylinders: 6 Fuel Type: Gasoline
Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: [Redacted]
Vehicle Component Code: 110000 ELECTRICAL SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-NOV-2003 Failure Mileage: 46100 Failure Speed: 43

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TYRE 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: [Redacted] Number of Deaths: [Redacted] 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).

WHILE DRIVING AT NIGHT, THE HEADLIGHTS SHUT OFF FOR A SHORT PERIOD OF TIME AND THEN CAME BACK ON. THIS CONTINUED TO HAPPEN WHILE DRIVING. THE DEALER MADE REPAIRS TO THE ELECTRICAL CONTROL MODULE WHICH REMEDIED THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *NLM Dealer was unable to duplicate this function.
See attached copy of work order.

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 Administration 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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).