



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 19

FOR AGENCY USE ONLY 231

Date Received

19 AM 10:21  
29-DEC-2003

Repository ☐

Reference No.

10052040

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City BALTIMORE State MD Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

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 [REDACTED] Date 2/1/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1BAGK44R4MK630572 Make DODGE Model GRAND CARAVAN Model Year 1991  
Date Purchased 1992 Dealer's Name and Telephone Number Keene Dodge  
Original Owner ☐ Dealer's City Huntford Ct State MD Zip Code 21040  
Transmission Type ☐ Antilock Brakes ☐ Cruise Control Powertrain Vehicle Component Code 083000 ENGINE AND ENGINE COOLING/EXHAUST SYSTEM  
Auto Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage Failure Speed

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: DOTM18ABC096) ☐ 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 0 Number of Deaths 0 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 STATED UPON STARTING VEHICLE GAS FUMES FILLED THE INSIDE COMPARTMENT,

fuel Rail had to be Replaced

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.

**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).**