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 100146

Date Received	Repository
15-JUN-2004	
	Reference No. 10073404

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]		
City EAGAN	State MN	Zip Code [redacted]

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will not release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 05/30/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2D4GP54L73R [redacted]	DODGE	CARAVAN GRAND ES 3.3	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
06/08/04	BARNETT / (651) 429-3391		

Original Owner	Dealer's City	State	Zip Code
☒	WHITE BEAR LAKE	MN	55110

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code	Multiple Failure:
	☐ / ☐		221200 SEATS:FRONT ASSEMBLY:RECLINER	1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-JUN-2004	7051		REAR QUAD SEAT (BEHIND PASSENGER SEAT)

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: DOTMALSABC036)	☐ 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	1	0	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 LEANING OVER THE PASSENGER SIDE SEAT TO UNLOAD GROCERIES, THE PASSENGER SIDE SEAT LUNGED FORWARD. AS A RESULT, CONSUMER SUSTAINED~~ A CONCUSSION AND A BLACK EYE. "AK

THE REAR QUAD SEAT HAD BEEN LEFT RECLINED BY OWNERS 7 YEAR DAUGHTER (ON THE PASSENGER SIDE). THE MOTHER THEN WAS RETRIEVING SOME PERSONAL ITEMS FROM THE CARAVAN FROM THE REAR DRIVER SIDE. SHE LEANED ACROSS TO THE REAR PASSENGER QUAD SEAT AND PULLED THE LEVER TO RAISE IT FROM THE RECLINED POSITION. IT LUNGED FORWARD RAPIDLY AND STRUCK HER ON THE SIDE OF THE SKULL FORCING HER HEAD TO HIT THE REAR HANDLE OF THE FRONT PASSENGER SEAT. SHE HAD A MILD CONCUSSION, HEADACHES FOR 3 DAYS, NASAL FLUID DRAINED FROM HER SINUSES AND SHE WAS STUFFY WITH NO SENSE OF SMELL FOR 5 DAYS. SHE BELIEVES HER BITE (TEETH) HAVE BEEN AFFECTED ALSO HER EYES WERE VERY DARK (BLUE/PURPLE) AROUND THEM FOR 2-3 DAYS.

SEE ATTACHED SHEET

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

NARRATIVE DESCRIPTION OF INCIDENT CONT'ND

SHE ALSO WAS VERY CONFUSED, DISORIENTED AND FORGETFUL FOR SEVERAL DAYS. BY DAY 4 HER CHEEKBONES, JAW, TEETH AND ROOF OF HER MOUTH AND BRIDGE OF NOSE WERE VERY SORE TO TOUCH. THE IS NO QUESTION THAT IF A CHILD HAD BEEN IN HER PLACE — A SKULL FRACTURE OR A MUCH MORE SERIOUS INJURY WOULD HAVE BEEN IMINENT. THIS IS A VERY SERIOUS, ISSUE FOR PEPW WITH THIS SEAT. HER BITE AND JAW HAVE NOT BEEN THE SAME AND SHE WILL BE FOLLOWING UP WITH AN ORTHODONTIST.