



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 100184

Date Received

2004 JUN 18

Repository

9 PM 7:57

Reference No.

10079515

OWNER INFORMATION (Type or Print)

Name

Address

City

VANCOUVER

State 00

Zip Code

Phone Number

E-mail Address

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of an authorized signature, you must provide your name or address to the vehicle manufacturer.
Signature of Owner

YES NO

Date 06/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP4537VR

Make

DOODGE

Model

CARAVAN

Model Year

1997

Date Purchased

15 May 1998

Dealer's Name and Telephone Number

Lawson Cates - out of business

Engine:

No. Cylinders

6

Fuel Type:

gas

Original Owner

NO

Dealer's City:

Vancouver

State

BC

Zip Code

Transmission Type

auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

590000 CHILD SEAT: RETRACTOR

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

11-MAY-2004

Failure Mileage

74000

Failure Speed

N/A

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/66R15)

DOT No. (Example: DOTM19ABC036)

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).

THE INTEGRATED CHILD SAFETY SEAT BELT RETRACTOR WILL NOT ALLOW THE BELTS TO BE USED. CONSUMER'S VEHICLE HAD TWO SUCH SEATS IN THE VEHICLE, WHERE SEAT BELTS COULD NOT BE USED. MANUFACTURER CLAIMED THAT THE BELTS COULD NOT BE REPAIRED UNLESS THE ENTIRE SEAT WAS REPLACED. *AK

- manufacturer no longer makes seats.
- second row bench seat - not buckets.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This questionnaire is provided 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Series of horizontal lines for writing the narrative description.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY INTL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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(DASH) 2 DOT



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VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at