



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
(1-888-327-4238)
Internet: www.safercar.gov

FOR AGENCY USE ONLY 100216

Date Received: 2004 AUG 16 PM 8:52
30 JUN 2004
Repository
Reference No.: 10000100

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SEATTLE State: WA 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 authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 8/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2B4FK41K2R [Redacted]
Make: DODGE Model: CARAVAN Model Year: 1988
Date Purchased: May '88 Dealer's Name and Telephone Number: Lynwood Volvo
Original Owner: [Redacted] Dealer's City: Lynwood, WA State: WA Zip Code: [Redacted]
Engine: No. Cylinders: 4 Fuel Type: Regular Unleaded
Transmission Type: Automatic Manual
Vehicle Condition Code: 000000T-HE AND ENGINE COOLING ENGINE
Multiple failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 29 JUN 2003 Failure Mileage: 122,000 Failure Speed: ?

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/85R15): [Redacted]
DOT No. (Example: DOTM1AABC038): [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: Motor Mount

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/replaced (and if old part is available).

WHILE THE VEHICLE WAS PARKED CONSUMER NOTICED THAT FLUID WAS LEAKING FROM UNDERNEATH THE VEHICLE. IT WAS TAKEN TO A GARAGE FOR INSPECTION, AND MECHANIC DETERMINED THAT THE MOTOR MOUNT BROKE, AND NEEDED TO BE REPLACED. MECHANIC REPLACED THE MOTOR MOUNT, AND A YEAR LATER THE PROBLEM RECURRED. *The first motor mount failure did not damage the oil pan.*

Number of Components/Parts Involved: 1
Vehicle Mileage: 122,000

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 Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.