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 100145

Date Received: 30-JUL-2004 2004 SEP 13 AM 8:34

Repository ☐

Reference No. 10083828

OWNER INFORMATION (Type or Print)

Name: [redacted]

Addre[redacted]

City: REYNOLDSBURG | State: OH | 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 cannot release your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4GP44G8YB[redacted]

Make: DODGE | Model: GRAND CARAVAN | Model Year: 2000

Date Purchased: 4/1/03 | Dealer's Name and Telephone Number | Engine: No. Cylinders: 6 | Fuel Type: REG. UNLEAD.

Original Owner ☐ | Dealer's City | State | Zip Code

Transmission Type: AUTOMATIC | ☒ Antilock Brakes | ☒ Cruise Control | Powertrain

Vehicle Component Code: 141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: NO

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
30-JUL-2004	50000	

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	0	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).

IR BAG SENSOR LIGHT STAYS ON. AS A RESULT, THE CRUISE CONTROL AND HORN MALFUNCTIONED. CONSUMER WAS CONCERNED THAT THE AIR BAGS WOULD NOT DEPLOY UPON IMPACT. *AK

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