



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 100222

Date Received

01-SEP-2004

Repository

Reference No. 10090189

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ARVADA State: CO Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

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: 10/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1BAK1P44L4XB [REDACTED]
Make: DODGE Model: GRAND CARAVAN Model Year: 1999
Date Purchased: 3/21/2001 Dealer's Name and Telephone Number: Christopher Dodge World 303/238-7311
Engine: No. of Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: Golden State: CO Zip Code: 80401
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE
Multiple Features: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-JUN-2004 Failure Mileage: 64000 Failure Speed: Clock Spring broke

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R16):
DOT No. (Example: DOTM16ABC038) 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: Number of Deaths: 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).

WHEN TURNING A CORNER AIR BAG LIGHT WENT ON AND OFF. THEN, HORN WENT OUT, AND CRUISE CONTROL FAILED. RECALL 02V293000 WAS ISSUED FOR 1996 AND 1998, BUT NONE FOR THIS VEHICLE. *AK

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 disclosed 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 response, or a statistical summary thereof, may be used in support of the agency's action.