



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received *2004 NOV*
23-SEP-2004

Repository
Reference No. /
10094230

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CLINTON State MO Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date *1/1*

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2D4GP0183R [Redacted] Make DODGE Model GRAND CARAVAN Model Year 2003
Date Purchased _____ Dealer's Name and Telephone Number: _____ Engine: No. Cylinders 6 Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain _____ Vehicle Component Code 016100 STEERING: HYDRAULIC POWER ASSIST: PUMP
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-OCT-2003 Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/B5R15) _____
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).

WHILE APPLYING THE ACCELERATOR PEDAL, THE VEHICLE FAILED TO ACCELERATE. THE CONSUMER APPLIED THE ACCELERATOR PEDAL NUMEROUS TIMES AND THE VEHICLE ACCELERATED UNCONTROLLABLY. THE DRIVER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE AND DROVE IT TO THE DEALER FOR INSPECTION. THE MECHANIC INFORMED THE DRIVER THAT THE PUMP NEEDED TO BE REPLACED AND REPLACED IT. *JB

The marked out sentence should read: Numerous occasions, consumer applied the accelerator pedal and the vehicle would go but would then hesitate and almost quit running.

Addition: After the pump was replace, the problem still there. With trying to accelerate from a stop with cross traffic coming

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 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 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)

and still a safe distance away, the vehicle will unexpectedly ~~with~~ hesitate and almost stop running. This ~~can~~ could result very badly.

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 NATL. 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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and dial toll free at

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**