


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1997	
 <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT		Date Received 2004 NOV 17	Repository <input type="checkbox"/>
U.S. Department of Transportation 400 7th Street, N.W. Washington, D.C. 20590-0001 Telephone: 202-366-5200 TDD: 202-366-5200 FAX: 202-366-5200		NHTSA Form No. 100970-15 (Rev. 10-2004)	The product No. 100970-15
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Business Relations Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
MASON	OH	45040	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	
<b>VEHICLE INFORMATION</b>			
17 Digit Vehicle Identification Number (located at bottom of windshield on driver's side)		Make	Model
2B4GP44GB1R		DODGE	GRAND CARAVAN
Model Year		Engine:	Fuel Type:
2001		No. Cylinders	
Date Purchased	Dealer's Name and Telephone Number		
Original Owner	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	<input type="checkbox"/> Powertrain	Vehicle Component Code
	<input type="checkbox"/> Cruise Control		062300 ENGINE AND ENGINE-COOLING; COOLING SYSTEM; HOSE
Failed Component(s) / Part(s) Information			
Incident Date	Mileage	Failure Code	
17-OCT-2004	80000		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make:	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
Tire Component Code		Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident, failure, crash, and injury.)			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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).			
A METAL HOSE UNDERNEATH THE VAN RUSTED THROUGH AND EXPLODED. THIS RESULTED IN ALL THE COOLANT LEAKING OUT. THIS CAUSED THE VAN TO IMMEDIATELY OVERHEAT AND STALL WHILE DRIVING. THE DEALERSHIP PERFORMED A DIAGNOSTIC TEST AND DISCOVERED THE HOSE NEEDS TO BE REPLACED. *JB			
Includes, 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 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 a collaborative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			