



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 241

Date Received

Repository

7 PM 2-52
29-OCT-2004

Reference No.
10099060

OWNER INFORMATION (Type or Print)

Name

Address

City INDIANAPOLIS

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. YES NO

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2B4GP4435WR

Make
DODGE

Model
GRAND CARAVAN

Model Year
1999

Date Purchased
06-JUL-00

Dealer's Name and Telephone Number
PALMER DOGE 317/299-8657

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
INDIANAPOLIS

State
IN

Zip Code
46228

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
060000 ENGINE AND ENGINE COOLING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-OCT-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

The Component Code

The 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

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).

D4 V 357 000/CAMSHAFT POSITION SENSOR/MIL: THE DEALER DID NOT REPLACE THE (CMP) SENSOR AS MENTIONED IN THE RECALL NOTICE.
*JB

Mileage is 67,000. Recall letter stated th CMP sensor should be replaced if the mileage was less than 70,000 even if the unit appeared normal.

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.