


ODI Complaint #

10099338

 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 100216 Date Received 03-NOV-2004		Repository <input type="checkbox"/> Reference No. 10090338
	OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name: [REDACTED]			Address: [REDACTED]		Evening Telephone Number
City DEARBORN	State MI	Zip Code [REDACTED]			
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.					
Signature of Owner _____			Date: 11/1		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side Z54GP2439WR [REDACTED]		Make DODGE	Model GRAND CARAVAN	Model Year 1999	
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders 6	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 141000 AIR BAGS:FRONTAL		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 20-OCT-2004	Failure Mileage	Failure Speed 10			
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: DOTM1SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y	
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 DRIVING 10 MPH DRIVER'S FRONTAL AIR BAGS INADVERTENTLY DEPLOYED. CONSUMER LOST CONTROL OF THE VEHICLE AND IT CRASHED INTO A TREE. VEHICLE WAS TOWED TO THE DEALER FOR INSPECTION. THE CAUSE HAS NOT BEEN DETERMINED. *AK Drivers Airbag Deployed at approx 10mph. Immediately Applied Brake as Airbag was in my face. While I Applied Brake van veered slightly to the right and went partially ON to a curb. causing UNDERCARRIAGE Damage. Vehicle was towed to Dealership, cause not Determined					
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.					