



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 1367

Date Received

22-NOV-2004

Repository

Reference No.
10101469

36

OWNER INFORMATION (Type or Print)

Name

Address

City OLD BRIDGE

State NJ

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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 12.11.104

VEHICLE INFORMATION

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

2B4GP2432VR

Make

DODGE

Model

CARAVAN

Model Year

1997

Date Purchased

1997

Dealer's Name and Telephone Number

CIRCLE DODGE BRICK NJ

Engine:

No. Cylinders C

Fuel Type:

Gas

Original Owner

Dealer's City

BRICK

State

NJ

Zip Code

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-NOV-2004

Failure Mileage

120,000

Failure Speed

DRIVER SEAT - COLLAPSED BACKWARD
PASSENGER SEAT COLLAPSED BACKWARD
AIR BAGS FAILED TO DEPLOY

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: DOTM4SA8C035)

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

2

Number of Deaths

NONE

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 (e.g., parts repaired or replaced (and if old part is available)).

COMPLAINT RECEIVED VIA E-MAIL. MY VEHICLE WAS MET WITH AN ACCIDENT ON ROUTE 516, OLD BRIDGE, NJ. MY VEHICLE WAS HIT FROM BEHIND BY A SCHOOL BUS AND PUSHED INTO A LAMP POLE. MY VEHICLE IS TOTALED AS PER STATE FARM INSURANCE. BOTH AIR BAG FAILED TO WORK. THE DRIVER AND PASSENGER SEATS COLLAPSED BACKWARD INSTEAD OF PROTECTING OUR NECK AND BODY. THE VEHICLE IS WITH STATE FARM INSURANCE. *JB

Include, 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 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)

While the vehicle was stopped, for a vehicle in front to making a left turn, it was hit from back by a large school bus and pushed it to a utility pole. With the rear impact both drivers seat & passenger's seats were collapsed backward thereby injuring the driver's and passenger's neck & back & legs. With the front impact the front right side area severely damaged, but the air bags did not work.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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



VEHICLE OWNER'S

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

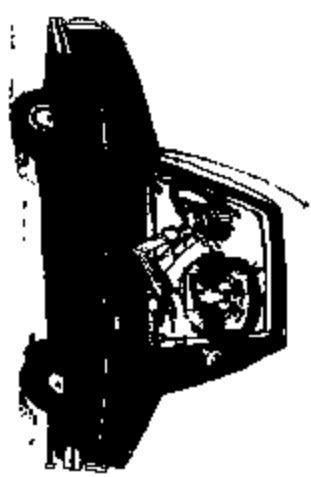
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT 1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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