



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 100148

Date Received

2005 SEP 16 AM 4: 5
28 JUL 2005

Repository

Reference No.
10130138

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HELENA State: MT Zip Code: [REDACTED]

Daytime Telephone Number

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 a signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 8/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4G-P44R4TB [REDACTED]
Make: DODGE Model: GRAND CARAVAN Model Year: 1996
Date Purchased: 01-NOV-95 Dealer's Name: DAVE SMITH [REDACTED] Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: KELLOGG State ID: Zip Code:
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-JUL-2005 Failure Mileage: [REDACTED] Failure Speed: Parked
Roll over Valve on fuel tank defective & leaking. Replaced complete fuel tank

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: DOTMALBABC036) 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

(Specify date(s) in detail the incident(s) occurred, Crashes, 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).

DT: THE CONSUMER STATED VEHICLE WAS LEAKING FUEL FROM FUEL TANK. AND HAS ALREADY HAD THREE FUEL RELATED RECALLS. THERE WAS A DEFECTIVE ROLL OVER VALVE. THE VEHICLE IS CURRENTLY AT THE DEALERSHIP. THEY HAVE NOT STATED WHY THE PROBLEM WAS HAPPENING. ALSO CALLED THE MANUFACTURER. THE FUEL LEAKED WHEN THE TANK WAS RELATIVELY FULL. THE PROBLEM WAS NOTICED FOUR OR FIVE MONTHS AGO. ON JULY 21, 2005 THERE WAS FUEL UNDER THE VEHICLE. CONSUMER STATED IT WAS HIS WIFE'S VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Recall 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)

This vehicle has had numerous fuel related recalls. It appears now that it also has a problem with the roll over valves and should probably have an additional recall on this model to correct this problem also

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

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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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**