



Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY

Date Received	Repository <input type="checkbox"/>
Reference No. 205 AUG 31	10135590
Daytime Telephone Number	
Evening Telephone Number	
E-mail	

OWNER INFORMATION (Type or Print)

Name: [Redacted]

Street No.: [Redacted] Apt. No.: [Redacted]

City: Charleston State: S.C. Zip: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner: [Redacted] Date: 22 Aug 05

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1BAGPAAG7Y [Redacted]

Make: Dodge Model: Grand Caravan Year: 2000 Current Mileage: 89,566

Date Purchased: 18 Aug 05 Dealer's Name and Telephone Number: Bush Hendrick Dodge (843) 402-6759 Engine: 3.1 Fuel Type: Gas Diesel Hybrid Other

Original Owner Dealer's City: Charleston State: S.C. Zip Code: 29404 No. Cylinders: 6

Transmission Type: Manual Automatic

Powertrain: All-Wheel Drive Rear-Wheel Drive Front-Wheel Drive Four-Wheel Drive

Antilock Brakes Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: Clock Springs Incident Date(s): [Redacted] Failure Mileage: 89,552 Failure Speed: [Redacted]

Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: [Redacted] Tire Model/Line: [Redacted] Tire Name: [Redacted] Tire Size (Example: P215/65R110d): [Redacted]

Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MAL5ABK038 on sidewall) Original Equipment Prior Repair

Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]

Seat Type: Infant Booster Integrated Convertible Other

Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other

Installed in Vehicle using the: Vehicle safety belt LATCH system* (*Vehicle info required)

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Police Report No.
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es):

[Redacted]

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

After CLOCKSPRING replaced, The Fuse
For Blower Motor, Back up lamps, and Turn
signals will Blow when put in reverse.
~~to be~~ Used to find short by performing
wiring Tracing. T.A.W Recall letter from
Daimler Chrysler YB 1786790 DIM states
that ~~no charge~~ diagnosis, parts, and labor
will be done without charge to me. Rick Hendrick
Dodge wants to charge for this repair. Please advise

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20560

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-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle
has a safety defect?



IF SO!

Use the enclosed
form to file a report.

or visit

www.safercar.gov

or call

Vehicle Safety Hotline

800-327-4236



Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

