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 100148

Date Received: 2005 NOV 29 PM — Repository ☐ I-96

15-NOV-2005

Reference No. 10142767

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City EDMONDS | State WA | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address [redacted]

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 [redacted] Date 11/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side	Make	Model	Model Year
1B6GK44R2M[redacted]	DODGE	CARAVAN	1991

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-OCT-90	LINWOOD DODGE			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City LINWOOD	State VA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-NOV-2005	189500		

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

(Please describe fully what the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: CONTACT STATES AFTER SMELLING GAS HE TOOK HIS VEHICLE TO A MECHANIC. HE TOLD ME TO START THE VEHICLE. HE THEN TOLD ME TO SHUT THE VEHICLE OFF. HE SAID THAT IT WAS NOT SAFE TO DRIVE THE VEHICLE. THE FUEL RAIL HAS BEEN REPLACED AT THIS TIME. THERE IS RECALL OUT ON THIS TYPE OF VEHICLE BUT HIS VIN IS NOT INCLUDED. THE NHTSA CAMPAIGN ID # IS 00V268000. *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).