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	Repository
2005 DEC -7 AM 11:42 22-NOV-2005	

Reference No.: 10143421

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address: [redacted]	Evening Telephone Number: [redacted]	
City: THOMASVILLE / State: NC / Zip Code: [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 [redacted] address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1D4GP243[redacted]	DODGE	CARAVAN	2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
31-JUL-04	DON MAYS	No. Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☐	LEXINGTON	NC	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	015200 STEERING:HYDRAULIC POWER ASSIST:HOSE, PIPING, AND Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-NOV-2005			

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: DOTMALSABC036)	☐ 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	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: THE CONTACT STATES THERE IS NHTSA RECALL CAMPAIGN 04V386000 CONCERNING THE STEERING: HYDRAULIC POWER ASSIST: HOSE, PIPING, AND CONNECTIONS. THE DEALER TOLD HIM THAT THE SOLUTION CALLED FOR THE REPLACEMENT OF THE POWER STEERING FLUID WITH TRANSMISSION FLUID. THE STEERING WHEEL MADE NOISE WHEN TURNING. THE STEERING WHEEL DID NOT MAKE THIS NOISE BEFORE THE RECALL WORK WAS COMPLETED. *AK

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