



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

26-MAR-2008

AM 10: 50

Repository

Reference No.

10222381

OWNER INFORMATION (Type or Print)

Name

Address

City KENNEDALE

State TX

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
Signature of Owner Date 4/1/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1R4GP44G1YB

Make DODGE

Model GRAND CARAVAN

Model Year 2000

Date Purchased 28-MAR-00

Dealer's Name and Telephone Number

Engine: No: Cylinders 6

Fuel Type: Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type AUTOMATIC

Antilock Brakes Cruise Control

Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 103500 POWER TRAIN:AUTOMATIC TRANSMISSION:LEVER AND LIN

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-FEB-2008

Failure Mileage 124000

Failure Speed 0

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: DOTM19ABC036)

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 1

Number of Deaths 0

Reported to Police Y

Yes No

Yes No

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).

TL*THE CONTACT OWNS A 2000 DODGE GRAND CARAVAN. WHILE CHECKING THE TRANSMISSION UNDER THE HOOD WITH THE ENGINE RUNNING, THE CONTACT'S GRANDDAUGHTER WAS ABLE TO SHIFT FROM NEUTRAL TO DRIVE. THE ENGINE REVVED AND THE VEHICLE MOVED FORWARD, KNOCKING THE CONTACT UNDERNEATH THE VEHICLE. WHEN THE VEHICLE SUDDENLY STOPPED, SHE MANAGED TO GET UP FROM UNDER THE VEHICLE AND TURN OFF THE ENGINE. THE CONTACT WAS THE ONLY ONE INJURED. THE PARAMEDICS HAD BEEN CALLED AND THE FIRE DEPARTMENT FILED A REPORT. SHE WAS THEN TRANSPORTED TO THE HOSPITAL. CHRYSLER STATED THAT IT WAS IMPOSSIBLE FOR THE GEAR TO BE MOVED OUT OF POSITION WITHOUT DEPRESSING THE BRAKE PEDAL. THEY OFFERED NO ASSISTANCE AND THE CONTACT IS CONCERNED THAT THE FAILURE MAY RECUR. THE FAILURE MILEAGE WAS 124,000 AND CURRENT MILEAGE WAS 124,784.

Include, if available: Police/Fire Department Report, Photos, and Repair 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 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.



Customer Claims Resolution Group

March 14, 2008

Via U.S. Mail

[REDACTED]
Kennedale, TX [REDACTED]

Re: 2000 Dodge Grand Caravan Se VIN: 1B4GP44G1Y [REDACTED]

Dear [REDACTED]

Thank you for contacting Chrysler LLC and raising concerns that you have with the above-referenced vehicle. We are always concerned to hear of injuries and accidents involving our customers and their vehicles.

Chrysler LLC conducted an investigation into the incident and inspected the vehicle. The inspector found no indication of a manufacturing defect that caused or contributed to the incident of February 28, 2008. Specifically, the inspector found no problems with the subject vehicle's transmission, shifter nor parking brake. The shifter is designed to be moved even when the parking brake is applied.

Thank you again for raising your concerns with Chrysler LLC.

Very truly yours,

Customer Claims Resolution Group

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module In Section 8 "Alternative Location Specification". Use only for Wildland fires. Census Tract 1114 - 05

C Incident Type * [321] EMS call, excluding vehicle E1 Date & Times Midnight is 0000 E2 Shift & Alarms Local Option [C] [] [203]

D Aid Given or Received* 1 [] Mutual aid received 2 [] Automatic aid recv. 3 [] Mutual aid given 4 [] Automatic aid given 5 [] Other aid given N [X] None

F Actions Taken * [33] Provide advanced life G1 Resources * [X] Check this box and skip this section if an Apparatus or Personnel form is used. G2 Estimated Dollar Losses & Values

Completed Modules H1* Casualties H3 Hazardous Materials Release I Mixed Use Property

J Property Use* Structures 131 [] Church, place of worship 161 [] Restaurant or cafeteria 162 [] Bar/Tavern or nightclub

K1 Person/Entity Involved

Local Option: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Number: _____ Prefix: _____ Street or Highway: _____ Street Type: _____ Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

Same as person involved? Then check this box and skip the rest of this section.

Local Option: _____ Business name (if Applicable): _____ Area Code: _____ Phone Number: _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Number: _____ Prefix: _____ Street or Highway: _____ Street Type: _____ Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

L Remarks

Local Option: _____

02/28/2008 07:19:39 PM Aguilar

Dispatched: 310 North Dick Price on an injured person.

Responded: Q59 and M59 responded priority 1 from 100 Cloverlane with out incident.

Scene: Arrived on scene to a female hit with vehicle, minor injuries.

Intervention: Medic crew evaluated pt..

Termination: Q59 and M59 clear with AMA, pt going by POV.

L Authorization

1230 Officer in charge ID	Aguilar, Brian A Signature	LT Position or rank	Q59 Assignment	02 Month	28 Day	2008 Year
<input checked="" type="checkbox"/> 1230 Officer Member making report ID in charge.	Aguilar, Brian A Signature	LT Position or rank	Q59 Assignment	02 Month	28 Day	2008 Year

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.