



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-JUL-2008

Repository

Reference No.
10234207

OWNER INFORMATION (Type or Print)

Name

Address

City

BURBANK

State

CA

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?
In the absence of an _____ T provide your name or address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 7/18/08

VEHICLE INFORMATION

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

1B4GP54LXTB217783

Make
DODGE

Model
GRAND CARAVAN

Model Year
1996

Date Purchased

10/1995

Dealer's Name and Telephone Number

ALHAMBRA DODGE

Engine:

No: Cylinders

6

Fuel Type:

REG-87

Original Owner

Dealer's City

ALHAMBRA

State

CA

Zip Code

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

5 SPEED

Vehicle Component Code

130000 VISIBILITY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

11-JUL-2008

Failure Mileage

125000

Failure Speed

0

TAIL GATE WINDOW BLEW OUT WHILE SITING IN THE DRIVEWAY.

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

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).

TL*THE CONTACT OWNS A 1996 DODGE GRAND CARAVAN. WHILE THE VEHICLE WAS PARKED IN THE DRIVEWAY, THE REAR TAILGATE GLASS SPONTANEOUSLY SHATTERED. THE CONTACT HAS PICTURES OF THE FAILED COMPONENT. HE IS IN THE PROCESS OF HAVING THE VEHICLE REPAIRED AND NOTIFYING THE MANUFACTURER. THE FAILURE AND CURRENT MILEAGES WERE 125,000.

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 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.



How did we do? Tell us about your experience at AutoGlassSurvey.com

Customer Service Center 1-800-835-2257

WORK ORDER 00591-415140

How did we do? Tell us about your experience at AutoGlassSurvey.com

Safelite AK230025
2165 EAST COLORADO BLVD
PASADENA, CA. 91107

ORG DATE: 07-11-08 CTU WO # 415140
07-11-08 16:48:42 024-000-415140-W VB

** SERVICE QUESTIONS **
** CALL 626-792-0567 **

INSURED: [REDACTED]
Addr As: [REDACTED]
BURBANK, CA [REDACTED]
PRIMARY: [REDACTED]
ALTRNATE: [REDACTED]
POLICY #: [REDACTED]
CLM#: 810311110 [REDACTED]
ATH/VER: EMAIL
PO#/REF:
LOSS LOC:
LOSS DATE/CAUSE: 07-11-08
UNKNOWN

AUTO CLUB SO CA (92)
PO BOX 29050
ATTN:MARTIN DOSSETT/F292
SANTA ANA, CA 92799 5001

714 435-8499
657650-003725-657650

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YEAR MAKE	MODEL	BODY STYLE	MILEAGE	LICENSE	ST	STOCK #
1996 DODGE	GRAND CARAVAN	MINI VAN				
VEHICLE ID # 1 11 B1 41 G1 P1 S1 41 L1 X1 T1 [REDACTED] VERIFIED BY _____						

QTY	PART #	LIST	SELLING	LABOR	KITTYPE	KIT	MTRL	EXTENSION
1	DB08932 YPY	227.45	159.22	152.00		40.00		351.22
Replace with new 730853 - Back Glass Heated~Solar~1 HOLE								
PART # :DB08932 YPY..PO#526455..LOC#/VNR#00220 ..DELIVERY DATE/TIME:07/12/08 07:30AM								
INSTALLED PART DOT# _____ URETHANE LOT # _____								

Initial here if replaced parts should be saved for inspection or returned.

PART SUB TOTAL	199.22
LABOR SUB TOTAL	152.00
SUB TOTAL	351.22
SALES TAX	16.43
DEDUCTIBLE	250.00
INSURANCE TOTAL	117.65

=====INSTALLER INFORMATION===== | =====CLAIMANT=====

MOBILE 07-14-08 00591-30 MIN *NO-COVER* |

AVAIL TIME: 08:00AM NEEDED BY: 12:00PM |

ADDRESS: [REDACTED] CITY: BURBANK |

BLDG: HOME SUITE: ZIP: [REDACTED] |

XST1: CAMBRIDGE XST2: HEATON |

CMT: CALL BEFORE GOING THANKS**THE EARLIER PART OF THE MORNING IF POSS**

WS REPAIR POSSIBLE: YES ___ NO ___ CUST INITIALS: ACCEPTED _____ DECLINED _____

Page & Grid #: (533 D4)

Original Estimate \$367.65 I authorize Safelite to provide the above-referenced goods and services and to install glass and related parts that are manufactured by Safelite or another aftermarket manufacturer. Subject to completion of the work, I assign to Safelite any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite, the balance due. If said amount is not paid in full by my insurance company, I agree to pay any unpaid balance. I have read and understand the Adhesive Cure Time Guidelines attached to this form.

Customer's signature [REDACTED] Date _____

If your check is unpaid for insufficient or uncorrected funds, we may electronically debit your account for the principal check amount and a service fee as allowable by law. You have the right to select the repair facility of your choice.

Revised Estimate \$ _____ Reason _____ Add'l Cost \$ _____

Authorized by _____ Phone _____ Date _____ Time _____

AMOUNT TO COLLECT FROM CUSTOMER: 250.00 TENDER _____

Adhesive Brand _____ Part No _____ Lot No _____ SAFE TO DRIVE VEHICLE AFTER _____ AM PM

CUSTOMER COPY - FINAL

CUSTOMER COPY - FINAL

ZGTS:AV (08/07)

