

APR - 3 2015

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------|--------------------------------|-------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                           |  | FOR AGENCY USE ONLY 100148               |                                |                                     |  |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                           |  | Date Received<br>21-JAN-2015             |                                | Repository <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |  | Reference No.<br>10677028                |                                |                                     |  |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |  |                                          |                                |                                     |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                           |  | Daytime Telephone Number                 |                                | E-mail Address                      |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                           |  | Evening Telephone Number                 |                                |                                     |  |
| City BEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State OR                                                                                                  |  | Zip Code                                 |                                |                                     |  |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                           |  |                                          |                                |                                     |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                           |  |                                          |                                |                                     |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>2C4RDGCG6CR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                           |  | Make<br>DODGE                            |                                | Model<br>GRAND CARAVAN              |  |
| Model Year<br>2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                           |  | Engine:<br>No: Cylinders<br>V6           |                                | Fuel Type:<br>GAS                   |  |
| Date Purchased<br>APRIL-10-2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Dealer's Name and Telephone Number<br>DAVE HOLT TOYOTA                                                    |  |                                          |                                |                                     |  |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Dealer's City                                                                                             |  | State                                    |                                | Zip Code                            |  |
| Transmission Type<br>AUTOMATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control |  | Powertrain<br>2 W DRIVE<br>FRONT W-DRIVE |                                | Multiple Failure:<br>NO             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |  | Incident Date(s)<br>21-JAN-2015          |                                |                                     |  |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                           |  |                                          |                                |                                     |  |
| Vehicle Component Code: 110000 ELECTRICAL SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                           |  |                                          |                                | Failure Mileage                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |  |                                          |                                | Failure Speed                       |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  | Number of Persons Injured<br>0           |                                | Number of Deaths<br>0               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |  | Reported to Police<br>N                  |                                |                                     |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 2012 DODGE GRAND CARAVAN. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V234000 (ELECTRICAL SYSTEM) HOWEVER, THE PART NEEDED TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.<br>NOT FULLY CORRECT. MANUFACTURER SAID & DEALER SAID PARTS WERE WAREHOUSED AND NOT BEING SENT OUT. THEY USED A VERY LAME EXCUSE FOR NOT BEING ABLE YET, TO CONTACT ALL- USERS.?<br>I CALLED DEALER, MANUFACTURER AND DOT TO REPORT ISSUE.<br>AS OF THIS DATE ISSUE NOT RESOLVED. MARCH-12-2015 (24) |  |                                                                                                           |  |                                          |                                |                                     |  |
| 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.                                                                                                                         |  |                                                                                                           |  |                                          |                                |                                     |  |

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

AGAIN- I CORRECTED YOUR DESCRIPTION ON OTHER SIDE.  
THEY SAID PARTS WERE IN A WAREHOUSE BUT NOT BEING  
SHIPPED TO DEALERS. BECAUSE NOT ALL RECIPIENTS  
HAD BEEN NOTIFIED YET. ?? HOW LAKE IS THAT?  
WE RISK A VEHICLE FIRE FOR THAT. ?? NOT SENSIBLE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



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**  
**888-327-4236**



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

