

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 100415	
				Date Received 05-AUG-2019	Repository ☐ Reference No. 11242550
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	DC	Zip Code		
WASHINGTON					
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		Make	Model	Model Year	
2B4GP2SG9YR		DODGE	CARAVAN	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
9-5-2009	Oulton, MD		No: Cylinders 6		
Original Owner	Dealer's City	State	Zip Code		
☐			33610		
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
003	☒ Cruise Control			03-JUN-2015	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 150000 SEAT BELTS, 500000 CHILD SEAT			Failure Mileage	Failure Speed	
2nd Time Belt Sweeps Strong Left Side					
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	Failure Location:			
	☐ Prior Repair				
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).					
THE CONSUMER STATED THIS IS THE 2ND TIME THE CHILD SEAT BELT BECAME JAMMED AND WAS NOT ABLE TO GET HIS NEPHEW OUT OF THE SEAT. 1st time my Grand Daughter same way cut 2nd time stuck can't release button belt happened accident Belt Sweeps Right with 2nd time my Grand Daughter my Knife					
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.					

who will pay compensation for these injuries?

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

I Mrs. Glandon caught up setting van Bolla on
left shoulder right side of storm
cut Bolla the crying pain

II Mrs. Keeshen setting van Bolla on
right side of storm
cut Bolla the crying pain

ATTACH ADDITIONAL SHEETS IF NECESSARY

Official Business
Penalty for Private Use \$300

ATTACH ADDITIONAL SHEETS IF NECESSARY

Who Pays Compensation for the
Department
Transportation
National Highway
Traffic Safety



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**



WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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 (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration

930 9-20-19
urgent letter

Washington DC what [redacted] [redacted]
I am 100% Deaf Cannot Hear Phone
NO TY - NO text - NO Computer

Special attn:
U.S. Department of Transportation
National Highway Traffic Safety
Administration

2ND Time My Seat Belt
Swings 3 Time Strong Hurt

Both Grandchildren Nephew
Crying in Pain Scare

I had to cut Seat Belt why?
I still have some on now

2000
Dodge Mini Cooper 3.3 liter 16001.
Engine

1st Time Please investigate ASAP?
① My Granddaughter was at
COMM and NW Fairlane Insurance
wash DC. Summer Time

② 2nd time ~~who gonna~~ ^{confrontation} ~~them?~~
crying pain
my nephew's sister I was
at thrupt Sox Clinton
Summer time

Both are Crying Pain
Belt so tight I had
to cut Belt with knife
very very strange this whether
happen very strange
Thank you
Please respond ASAP (9:30 PM)



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

who pay for
there injury
compensation them

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation

Booth Granddaughter,
I cut Belt Tighten

Nephew Crying Pain
Belt 3 Time Strong Tight

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

who will pay for there injuries
Pain Crying
Sweat 3 Time Strong Tight



FEDERAL DISTRICT COURT

07 OCT 2019 PM 6

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Washington D.C.

U.S. Department of Transportation

National Highway Traffic Safety Administration

Motor Vehicle Investigation

1200 New Jersey Ave SE

Washington D.C.

NEF-100

Randy Riel chief

200-242382 0000

