Form Approved: O.M.B. No. 2127-0039

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 479

Date Received: 12-APR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 551821

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B4GP54LGWB617733	DODGE TRUCK	GRAND CARAVA	1998	

Purchase Date: 01-DEC-2097
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) 6 CYL
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s) 11-MAR-2000 Mileage at Failure(s) 1550C Vehicle Speed at Failure(s) _____	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No	1			☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCED SUDDEN ACCELERATION WHILE IN REVERSE GEAR RESULTING IN COLLISION WITH UNOCCUPIED STORE. INJURY TO CONSUMER. *MJS

CONTINUED ON BACK IF NEEDED

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.

COPIED QC'd POSTED

NHTSA People Saving People 1-888-DASH-2-DOT

Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation 551821

RECEIVED
00 APR 12 AM 8:03
OFFICE OF DEFECTS INVESTIGATION

Owner Information

FirstName: [redacted]
LastName:
MI:
Organization
Address 1:
Address 2:
City:
State:
Zip:

Home Phone: [redacted]
Work Phone:
Ext:
Fax Number:
Email Address:

Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

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Vehicle Information

Vehicle Identification Number (VIN): 1B4GP54LGWB617733

Vehicle Make:	Dodge	**Vehicle Model:**	Grand Caravan
Vehicle Year:	1998	**Current Odometer Reading:**	15500
Purchase Date:	12/97	**New or Used:**	New

Engine Size:	3.8L V6 MP	**Antilock Brakes:**	Yes
No. Cylinders:	6	**Driverside Airbag:**	Yes
Fuel Injection:	Yes	**Passengerside Airbag:**	Yes
Turbo:	No	**Side Airbag - Driver:**	No
Fuel Type:	Gas	**Side Airbag - Passenger:**	No
Drivetrain:	Front	**3-Point Belt:**	No
Cruise Control:	Yes	**Motor Belt:**	No

Body Style: Minivan **2-point Belt:** No

Dealer Information

Name: Bledsoe Dodge
Address: 12000 East Northwest Highway
City: Dallas
State: TX
Zip: 75218
Phone: (214) 319-4748

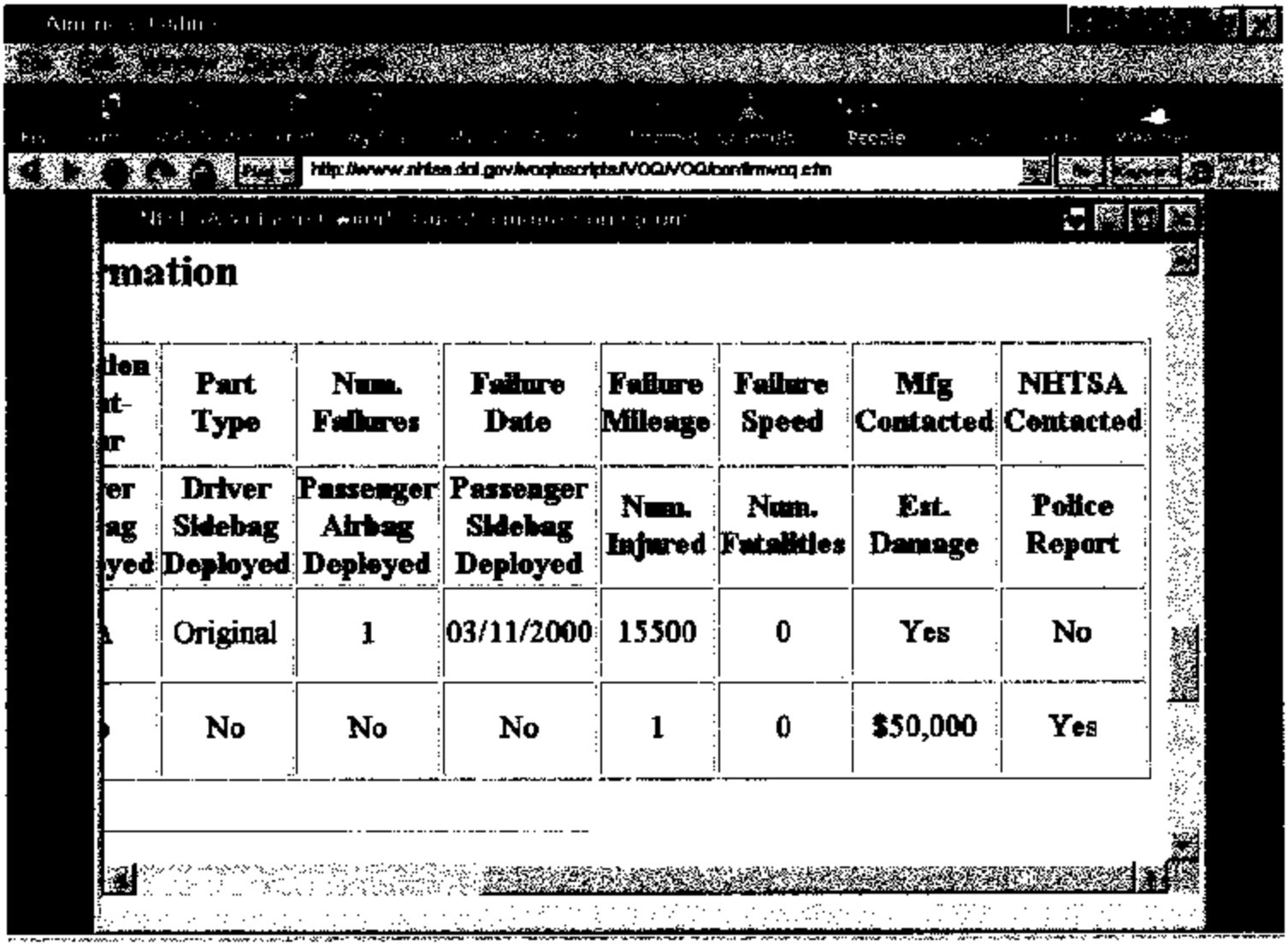
Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Co
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	D
FUEL: THROTTLE LINKAGES AND CONTROL	NA	NA	NA	Original	1	03/11/2000	15500	0	
	Yes	No	No	No	No	No	1	0	$

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA

Comments: When vehicle was shifted into reverse it went into full opon throttle and backed into an unoccupied store



rmation

ien t- r	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted	NHTSA Contacted
er ag yed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	Police Report
A	Original	1	03/11/2000	15500	0	Yes	No
	No	No	No	1	0	$50,000	Yes

DATE: March 11, 2000

SUBJECT; VEHICLE ACCIDENT

TIME; APPROX. 8PM

LOCATION: 1515 N. Town East

On Saturday March 11, 2000, I was in my car , a Dodge Grand Caravan, parked in front of a fabric store headed north east. My wife was in the store shopping, when she came out of the store, I fastened my seat belt,put my right foot on the brake pedal and started the car. My wife got into the car and was attempting to fasten her seat belt when I shifted into reverse. The car immediately went into FULL-OPEN THROTTLE and shot out of the parking space like a cannon ball. *I could not shift out of reverse or turn off the key all I could do was push on the brake and try to slow the car down The left rear wheel struck the curb on the left sid of the street and knocked the rear end around in the direction of a Alteration shop in Suite #153. The car then plowed into the shop [rear end first] and backed into a 12in steel support pipe andd the engine died. The car come to rest with rear end pointing a little north of east and the front end pointing a little south of west. Something went terrible wrong with this car, my wife and I could have been killed , or we could have killed other people or destroyed a lot more property*

[redacted]

Delivered to Bledsoe Dodg on 3/20/2000

TEXAS PEACE OFFICER'S ACCIDENT REPORT — MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT — SEC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

POLICE USE ONLY
ACCIDENT OCCURRED IN: Mr Fo - Major
COUNTY: Dallas — CITY OR TOWN: Mesquite
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ____ MILES ☐ NORTH ☐ S ☐ E ☐ W OF ____

DR. NO: 0003-0544

DO NOT WRITE IN THIS SPACE — LOC. ____ CODE ____ SEVERITY ____ PRI. REC. ____ DRUG/ALC. ____ GHG NO.

ROAD ON WHICH ACCIDENT OCCURRED: 1515 — N. Town East (Private Lot) — CONSTR. ZONE ☐ YES ☒ NO — SPEED LIMIT ____
INTERSECTING STREET OR RR/ROAD NUMBER: ____ — CONSTR. ZONE ☐ YES ☐ NO — SPEED LIMIT ____
HWY AT INTERSECTION: ____ ☐ FT. ☐ ☐ ☐ ☐ OF ☐ MI. N S E W

DATE OF ACCIDENT: 0311 — 00 — DAY OF WEEK: Saturday — HOUR: 1955 — ☐ A.M. ☒ P.M. — IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE — VEH IDENT NO: 1B4GP54L0WB617733 — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: 7
YEAR MODEL: 1998 — COLOR & MAKE: Red Dodge — MODEL NAME: Caravan — BODY STYLE: Van — LICENSE PLATE: 00 TX 4NT-TL
DRIVER'S NAME: [redacted] — PHONE NUMBER: N/A
DRIVER'S LICENSE: TX 00705154 — C — DOB: 030215 — RACE: W — SEX: M — OCCUPATION: Retired
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 4 — ALCOHOL/DRUG ANALYSIS RESULT: ____ — PEACE OFFICER, FIRE DRIVER FIRE FIGHTER OR EMERGENCY? ☐ YES ☒ NO
LESSEE ☐ OWNER ☒: Selby
LIABILITY INSURANCE ☒ YES ☐ NO: Allstate — 629 815305 03/28 — VEHICLE DAMAGE RATING: 80-3

UNIT NO. 2: ☐ MOTOR VEHICLE ☐ TRAIN ☐ PEDACYCLIST ☐ ☐ TOWED ☐ PEDESTRIAN ☒ OTHER — VEH IDENT NO: ____ — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: ____
YEAR MODEL: ____ — COLOR & MAKE: ____ — MODEL NAME: ____ — BODY STYLE: ____ — LICENSE PLATE: ____
DRIVER'S NAME: ____ — PHONE NUMBER: ____
DRIVER'S LICENSE: ____ — DOB: ____ — RACE: ____ — SEX: ____ — OCCUPATION: ____
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: ____ — ALCOHOL/DRUG ANALYSIS RESULT: ____ — PEACE OFFICER, FIRE DRIVER FIRE FIGHTER OR EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☐: ____
LIABILITY INSURANCE ☐ YES ☐ NO: ____ — VEHICLE DAMAGE RATING: ____

DAMAGE TO PROPERTY OTHER THAN VEHICLE(S)
Building (TWO ALTERATIONS) — 1515 Town East 30,163 (Suite 153) — $ Unk

LIGHT CONDITION: 4 (1-DAYLIGHT 2-DAWN 3-DAWN-NOT LIGHTED 4-DARK-LIGHTED 5-DARK)
WEATHER: 1 (1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HURRICANE 9-OTHER)
SURFACE CONDITION: 1 (1-DRY 2-WET 3-MUDDY 4-SNOW/ICY 5-OTHER)
TYPE ROAD SURFACE: 1 (1-BLACKTOP 2-CONCRETE 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER)
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION): ____

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
NAME: ____ — CHARGE: ____ — CITATION NO.: ____
NAME: ____ — CHARGE: ____ — CITATION NO.: ____

TIME REPORTED OF ACCIDENT: 031100 1959 — IS NOW: Police Communications — TIME RECEIVED BY (SCENE OF ACCIDENT): 031100 2000 H
TYPED OR PRINTED NAME OF INVESTIGATOR: B. H. Hedgpeth — DATE REPORT MADE: 031100 — IS REPORT COMPLETE ☒ YES ☐ NO
SIGNATURE OF INVESTIGATOR: B. H. Hedgpeth — ID NO.: 437 — DEPARTMENT: Mesquite PD — UNIT/AREA: Traffic

SOLICITATION (DCA)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG SUSPECTED (PHYSICAL OR CHEMICAL TEST)
1 - NONE 2 - SOLICITATION 3 - DCA 4 - BOTH 5 - UNKNOWN	1 - NOT EJECTED 2 - EJECTED 3 - UNKNOWN	1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM 6 - HELMET USED 7 - OTHER 8 - UNKNOWN	1 - DEPLOYED 2 - NOT DEPLOYED 3 - DEPLOYED, PART(S) UNKNOWN 4 - NOT APPLICABLE 5 - DEPLOYMENT UNKNOWN	1 - NOT USED 2 - USED, NOT DAMAGED 3 - USED & DAMAGED 4 - NOT USED 5 - USE UNKNOWN	1 - NONE 2 - POSSIBLE INJURY 3 - NON-INCAPACITATING INJURY 4 - INCAPACITATING INJURY 5 - FATAL INJURY (DEAD) 6 - INJURY SEVERITY UNKNOWN	1 - NOT TESTED 2 - TESTED 3 - REFUSED 4 - UNKNOWN

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO	BY
DAMAGE RATING: 80-3	☒ YES ☐ NO	1341 Tripp	Hesters Wrecker

P.D. 175
0003 0544

SEQ. NO.	OCCUP. POS'N NO.	COMPLETE ALL DATA ON ALL OCCUPANTS	INJ.	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET USED	AGE	SEX	INJURY CODE
		NAME (LAST, FIRST)								
1	DRIVER	SEE FACE	-	N	A	N	N	65	M	N
2	RF	[redacted]	-	N	A	N	N	LG	F	C
3										
4										
5										

UNIT NO. 2	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	☐ YES ☐ NO	BY

SEQ. NO.	OCCUP. POS'N NO.	COMPLETE ALL DATA ON ALL OCCUPANTS	INJ.	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET USED	AGE	SEX	INJURY CODE
		NAME (LAST, FIRST)								
6	DRIVER	SEE FACE								
7										
8										
9										
10										

PEDESTRIAN, PEDALCYCLIST, ETC.	CASUALTY NAME (LAST, FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SEQ.	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF INJURED AND WAITED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INCL. DRIVER
2	St. Paul's/Dallas	MFD R-95	2005	2010	2

COMPLETE IF A FATALITY OR DOA IS INVOLVED								
ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH SKETCH IF NECESSARY)

Driver stated that he put the vehicle in reverse and the vehicle "took off". Unit 1 then traveled backwards in a counter-clockwise arc, backed over the curb and drove through the front of the listed business. Passenger was transported complaining of general soreness.

Witness: Tennison, Tony, 250 Prairie Grove, Dallas Tx 75217

Diagram: ☐ One Way ☐ Two Way ☐ Parking

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING			
☒ UNIT 1	3		
☐ UNIT 2			

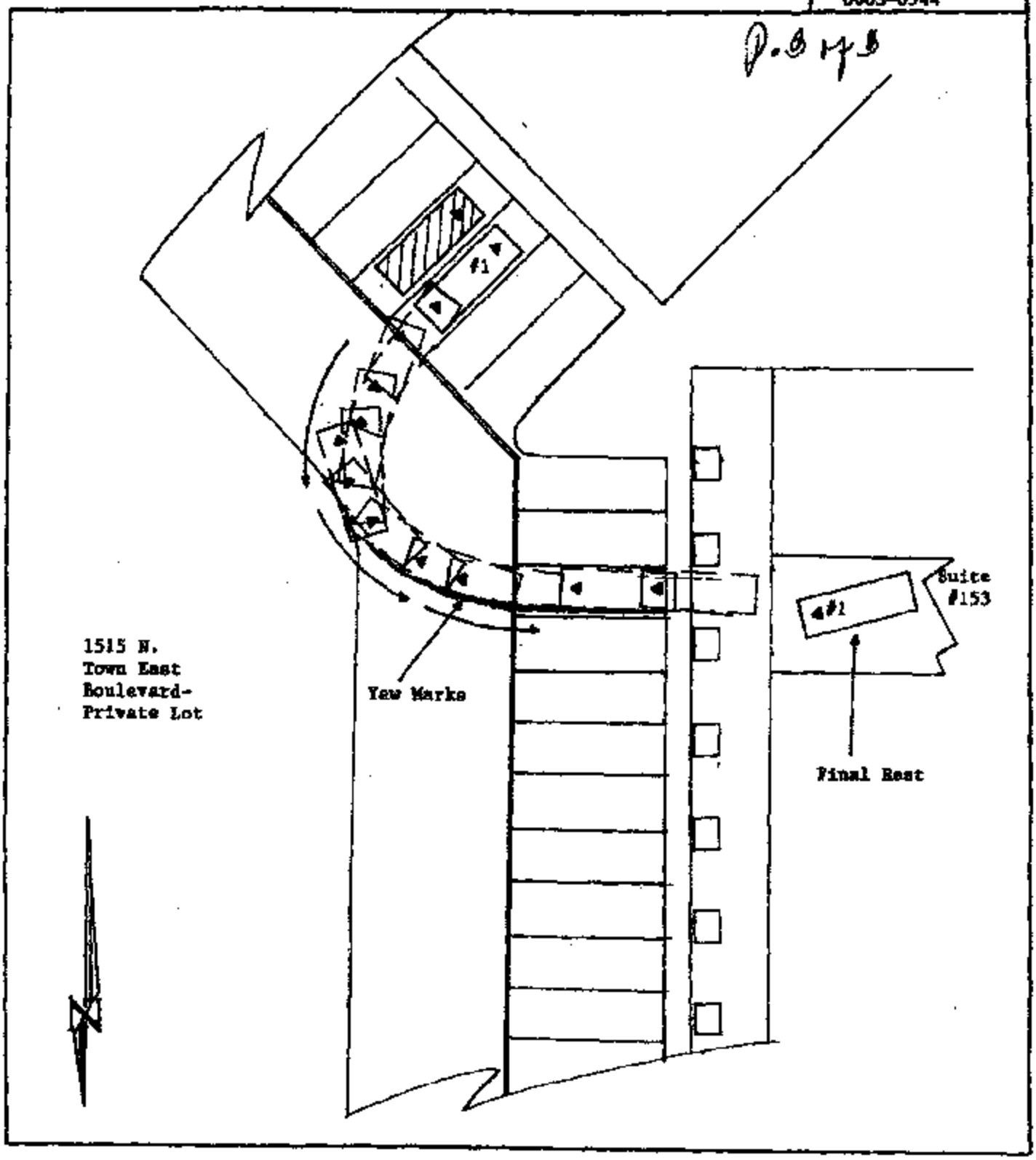
OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		
UNIT 1		
UNIT 2		

TRAFFIC CONTROL: 0

1 - DRIVER
2 - PASSENGER
3 - PEDESTRIAN
4 - PEDALCYCLIST
5 - OTHER

DIAGRAM

SERVICE NUMBER
0003-0544



SCALE: Not To Scale

DAIMLERCHRYSLER

DaimlerChrysler
Motors Corporation

March 28, 2000

[redacted]

Reference No.: 6979190
V.I.N.: 1B4GP54L6WB617733

Dear Mr. [redacted]

This will further acknowledge contact to DaimlerChrysler Motors Corporation, regarding your 1998 Dodge Grand Caravan.

Naturally, we were sorry to learn of the incident involving the above referenced vehicle.

We have had the opportunity to review the inspection report, and must inform you that we have been unable to determine any manufacturing responsibility. Our inspection revealed that the components in question are operating as designed. Also, during the electronic testing, no fault codes appeared that would have indicated any malfunction at the time of the incident. Therefore, we must, respectfully decline any assistance associated with this incident.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity in reviewing this matter with you.

Sincerely,

D. R. Mucci
Special Investigations
(248) 944-7039

DRM/kat