



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

Posted

FOR AGENCY USE ONLY

Date Received: RECEIVED
 APR 23 PM 3:02
 REFERENCE NO. 552067

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Street: [REDACTED]
 City: [REDACTED]

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

Signature of Owner: [REDACTED] Date: 4/27/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN): 2B4GA44R6TR503243 (Located at bottom of windshield on driver's side)
 Make: Dodge
 Model: Grand Caravan
 Year: 1996

Purchased Date: 3/1998
 Dealer's Name: EMKAY, INC / MOSS MOTORS
 Dealer's City: REDLANDS
 State: CA
 Zip Code: 92374

Engine Size (CID/CC/L): 3.3
 No. Cylinders: 6
 Turbo
 Diesel
 Gas
 Fuel Injection

Manufacture Date (on driver's door or pillar): 8/95
 Transmission Type: Manual Automatic
 Restraint System: Driverside Air Bag Motorbell Passengerside Air Bag 2-Point Belt 3-Point Belt
 Cruise Control: Yes No
 Drivetrain: Front Rear 4 Wheel
 Vehicle Type: Car Sport Utility Van Truck Minivan Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): TRANSMISSION, H₂O Pump, Inner/Outer CV JTS (Left/RT)
 Location: Left Front Right Rear
 Failed Part(s): Original Replacement
 Handicap Adaptive Equip: Yes No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____

No. of Failures: _____ Date(s) of Failure(s): _____ Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____

Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION
 (Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: _____ Number of Fatalities: 0
 Reported to Manufacturer: Yes No

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

5/ TRANSMISSION SERVICED AT RECOMMENDED INTERVALS; AT 64,000 mi, X-MISS HAD CATASTROPHIC FAILURE. NO PRIOR INDICATORS. DRIVING ON I-15 AT 70 MPH and in traffic. Lost all power. Coasted to Burm
 11/ Inner/Outer CV JOINTS FAILED AT 83,000 miles. FRONT end shimmy was extreme RT to LEFT swerves.
 2/ WATER PUMP FAILURE AT 84,000 miles. NO WARNING
 3/ O₂ SENSORS FAILED 84,000 miles. CAR PERFORMANCE

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration 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)

DEGRADED AND PERFORMANCE LOST

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

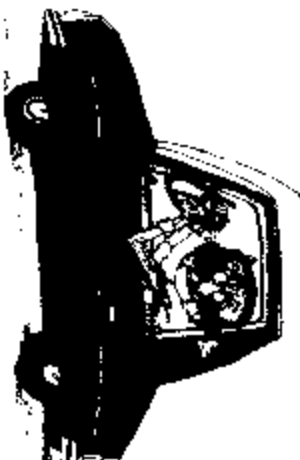
DASH 2 DOT

and dial toll free at

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