NOV-06-00 07:33 AM ROBERT N. PARKIN 804 [redacted] P.01

Safety Administration

INTERNET: www.nhtsa.dot.gov/hotline

COPIED

DUPLICATE RECEIVED

Reference No. 557130

OWNER INFORMATION (Type or Print)

Name: [redacted]

Street: [redacted] Apt.: [redacted]

City: [redacted] Zip: [redacted] Daytime Telephone Number: [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: 11,3,00

DEFECTS INVESTIGATION

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Location at bottom of windshield on driver's side)	Make	Model	Year
1B4GK44R2MX555552	DODGE	VAN	91

Purchased Date: 10/4/91 ☐ New ☒ Used

Dealer's Name: CHESTERFIELD DODGE

Dealer's City: RICHMOND State: VA Zip Code:

Engine Size (CID/CCA): 3.9 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

No. Cylinders: 6

Manufacture Date (on driver's door or pillar):

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☐ Driver-side Air Bag ☐ Motorcycle ☐ Passenger-side 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: VAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No			☒ Yes ☐ No

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

SUPPORT ARM FOR DRIVER SIDE BACK REST BROKE THROWING DRIVER BACKWARDS WHILE IN MOTION CREATING A VERY SERIOUS SITUATION THAT COULD HAVE CAUSED CRASH / FATALITIES / AND SERIOUS INJURIES. I GOT NO REACTION TO THIS FAILURE WHEN I ISSUED COMPLAINT TO MANUFACTURER.

*VEHICLE HAS OVER 250,000 MI

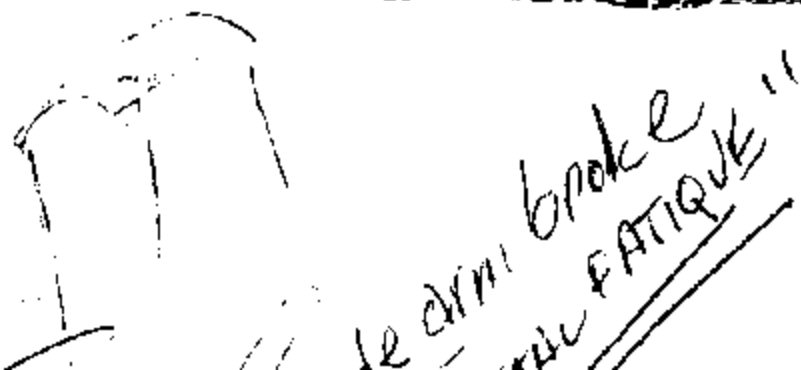
PART SHOULD NOT HAVE BROKE

(SEAT)

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to 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.*

Mail postage free or fax to 202-366-7882



RECEIVED
NOV 3 2000
DEFECTS INVESTIGATION

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

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

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

Date Received: RECEIVED 00 NOV -6 PM 12:36 OFFICE OF DEFECTS INVESTIG.

Od or rt dt
POSTED

Reference No. 557129

OWNER INFORMATION (Type or Print)

[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 11, 3, 00

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1B4GK44R2MX555557	DODGE	VAN	91

Purchased Date: 10/4/91 ☐ New ☒ Used
Dealer's Name: CHESTERFIELD DODGE
Dealer's City: RICHMOND State: VA Zip Code:
Engine Size (CID/CC/L): 3.3 No. Cylinders: 6 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s):
Location: ☐ Left ☐ Right ☐ Front ☐ 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:
Reported to Manufacturer ☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
SUPPORT ARM for driver SIDE BACK REST BROKE THROWING DRIVER BACKWARD WHILE IN MOTION CREATING A VERY SERIOUS SITUATION THAT COULD HAVE CAUSED CRASH / FATALITIES / AND SERIOUS INJURIES
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