



**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 258**

Data Received  17-JUN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  724134	

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) <small>(Listed at front of windshield or driver's side)</small> <b>1B4GP54R9VB266870</b>	Vehicle Make <b>DODGE TRUCK</b>	Vehicle Model <b>GRAND CARAVA</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date <b>01-MAR-2000</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>3.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>07300000 12420000</b>	Par. Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>16-JUN-2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>70550</b>		
	Vehicle Speed at Failure(s) <b>75</b>		

**APPLICATION INCIDENT INFORMATION**

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE TRAVELING UP THE INTERSTATE EXPERIENCED SUDDEN TRANSMISSION SLIPPAGE, AND ENGINE CHECK LIGHT CAME ON. AFTER MANUEVERING TO THE SHOULDER OF THE ROAD I CHECKED THE TRANSMISSION FLUID LEVEL WHICH WAS GOOD AND ALSO CHECKED THE DIAGNOSTIC TROUBLE CODE (MIL CODE 45). TRIED TO START OFF AND THE TRANSMISSION SLIPPED VERY BAD BUT FINALLY STAYED IN SECOND GEAR ALLOWING ME TO RETURN HOME. I UNDERSTAND THAT THIS IS NOT AN ISOLATED ISSUE, THERE HAVE BEEN MANY DODGE CARAVAN OWNERS WHO HAVE EXPERIENCED SIMILAR TRANSMISSION PROBLEMS. I AM CURRENTLY TRYING TO SEE IF THIS IS A CURRENT RECALL ISSUE OR IF THERE ARE ANY PARTICULAR STEPS THAT I COULD TAKE TO TRY TO HELP IT BECOME A RECALL ISSUE. \*AK

CONTINUED ON BACK (REVERSE)

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 to 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.