



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

23-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

739847

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4GP243XTR589284	DODGE TRUCK	GRAND CARAVA	1996	

Purchase Date 01-NOV-2095 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) 3.0L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
		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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Util 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
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10300000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER AND WASHER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 31-AUG-2098 Mileage at Failure(s) 20414 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

WINDSHIELD WIPERS WOULD COME ON AND SHUT OFF INTERMITTENTLY WHILE DRIVING. THIS FIRST HAPPENED IN AUGUST OF 1998. I BROUGHT VEHICLE TO "MACK DODGE" ON 8/31/98, DEALER REPLACED MALFUNCTIONING "MULTI SWITCH" PART NUMBER CMC 05012382AA. I NOTICED WIPERS PERFORMING INCORRECTLY IN NOVEMBER, 2000. I SPOKE TO A SERVICE REPRESENTATIVE AT MACK DODGE AND WAS TOLD THE PRIOR REPAIR WAS ONLY GUARANTEED FOR 12 MONTHS OR 12,000 MILES. ON JANUARY 21, 2001 I WAS DRIVING THE VAN WITH MY FAMILY IN THE RAIN AND THE WIPERS STOPPED. I HAD TO PLAY WITH THE SWITCH TO GET THEM TO RESUME WORKING. I STRONGLY FEEL THAT THIS IS A VERY UNSAFE CONDITION, WHICH WAS NEVER CORRECTED PROPERLY WHILE THE VAN WAS COVERED UNDER THE 3 YEAR/ 36,000 MI. WARRANTY. MACK DODGE

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-576 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.