

U.S. Department
of TransportationNational 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

436

Date Received

08-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

861613

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 or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B4GP2437TR774585	DODGE TRUCK	GRAND CARAVA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____				

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08300000	Part Name(s) ELECTRICAL SYSTEM: WIRING	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

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
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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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

COMPLETE FORM.

CONTINUE 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 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.

May 15, 2000


Re: Dodge Grand Caravan 1996

To Whom It May Concern:

This letter is intended to give a better understanding of this situation. I hope with the following information things can be more clearly defined.

On March 3, 2000 I took my minivan to Farris Motors Chrysler/Jeep Dealer. I had requested to have my airbag and horn serviced. I was under the impression that there may have been a short in the wiring system. A few days prior to my service request, the airbag light had come on and the horn stopped working.

Upon arriving at Farris Motor I asked them to look at it and give me a price quote for the necessary work. After waiting approximately one hour, I was called to the front desk by a gentleman named Ralph. He instructed me that the entire airbag system had to be replaced. I asked him if how could a van that is only four years old have to have the airbag system replaced. He said that he didn't know. I asked him to check the computer to see if there have been any recalls pertaining to the airbag system. He complied with my request, but there was not a recall on airbag system.

After having no luck with the airbag system, I continued to ask him if my horn could be repair. He told me that the horn was attached to the airbag system and to fix the horn would require taking out the airbag system so therefore it would not be able to fix the horn without fixing the airbag system.

I asked for a price quote. These were the following quotes that I was given.

Name	Part Number	Price
Airbag	9P43SK5	\$620.00
Clock Spring	4687630	\$80.50
Horn	4685562AC	\$46.50

These prices plus applicable tax would total \$975.00.

I was taken totally by surprise at the cost of repair would be. I asked for the Chrysler Head Office phone number to be turned down. I had to call Cox Dodge in Wilson, North Carolina to obtain the number. I contacted Chrysler Customer Service. I inquired about

my problem. After being put on hold for approximately fifteen minutes the representative returned and told me that due to my mileage that Chrysler would not offer any assistance with my repair. I once again expressed my concerns with the fact that this is a four year old vehicle and that this type of problem is a manufacturing problem that should be taken care of.

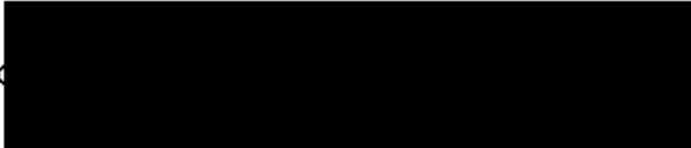
When making my decision to purchase a minivan I choose the Dodge Grand Caravan because it was built like car. I would get the mileage of a car and the comfort of a minivan. I have heard pleasant thing said about Dodge's service and cars, which also heavily influenced my decision.

My main concern is the safety of my children and myself while driving in the minivan. What would be said if my vehicle was involved in a collision and the airbag did not deflate and the horn did not work? How would this information affect the buyers market for Chrysler/Dodge/Jeep Dealers?

All I am asking for is that Dodge takes responsibility in these defaulted parts and replace them to standard. Safety should be Dodge's first concern for all of there customers. Is it going to take for a major accident to occur for Dodge to fix a problem that will cost them only pennies?

Thank you for your cooperation with this matter. Your help is greatly appreciated.

Sincerely,



<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 436</p> <p>RECEIVED 00 MAY 19 AM 8:06 08-MAY-2000 OFFICE DEFECTS INVESTIGATION</p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od or _____ rt_dt _____ od_rt _____ up_tr _____</p>
Reference No. 851613	
Work Number _____	
Home Number _____	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of a signature, 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> 2B4GP2437TR774585	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 1996	Current Odometer Reading 94496		
Purchase Date 5/4/99	Dealer's Name _____		Engine Size (CID/CC/L) 3.0L		<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders 6			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front Rear 4-Wheel <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08300000	Part Name(s) ELECTRICAL SYSTEM: WIRING Airbag + PAD	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 3/3/00 Mileage at Failure(s) 50004 Vehicle Speed at Failure(s) N/A	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" 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)

COMPLETE FORM.
See attached

CONTINUE ON BACK IF NEEDED

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