



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20390

FEB 10 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Stephen J. Speth, Director
Vehicle Compliance & Safety Affairs
DaimlerChrysler Corporation
CIMS482-00-91
800 Chrysler Drive
Auburn Hills, MI 48326-2757

NVS-212mj
RQ04-001

Dear Mr. Speth:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Recall Query (RQ04-001) to investigate allegations of driver's air bag clockspring failures in certain Model Year (MY) 1998 and 1999 DaimlerChrysler minivans manufactured by DaimlerChrysler Corporation, and to request certain information.

This office has received 145 reports of driver's air bag clockspring failure in MY 1998 and 1999 DaimlerChrysler minivans (built after February 1998). These vehicles, which are equipped with seven-circuit clocksprings, were not included in the safety recall of six-circuit clocksprings in MY 1996 through 1998 minivans (built through February 1998) conducted by DaimlerChrysler beginning November 2002. Yet, the failure descriptions (problem of open circuit clocksprings) for most of the 145 reports on the non-recalled vehicles (subject vehicles) are identical to that of the recalled vehicles. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

Subject vehicles: All MY 1998 and 1999 DaimlerChrysler minivans (i.e., Caravan, Grand Caravan, Voyager, Grand Voyager, and Town and Country) built after February 1998, manufactured for sale or lease in the United States.

Subject components: Driver's air bag clockspring assembly.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

DaimlerChrysler: DaimlerChrysler Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of DaimlerChrysler (including all business units and persons previously referred to), who are or, in or after 1997, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control); Testing, assessment or evaluation;
- b. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- c. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

Alleged defect: Failure of driver's air bag clockspring, illumination of the air bag warning lamp, failure of the horn and/or cruise control, and/or non-deployment of driver-side air bag in a crash (i.e., "split" deployment involving non-deployment of driver's air bag and deployment of passenger's air bag).

Document: "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by DaimlerChrysler, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For

purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by DaimlerChrysler or not. If a document is not in the English language, provide both the original document and an English translation of the document.

Other Terms: To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After DaimlerChrysler's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles DaimlerChrysler has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by DaimlerChrysler, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced; and
 - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by DaimlerChrysler, or of which DaimlerChrysler is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:

- a. Consumer complaints, including those from fleet operators;
- b. Field reports, including dealer field reports;
- c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Property damage claims;
- e. Third-party arbitration proceedings where DaimlerChrysler is or was a party to the arbitration; and
- f. Lawsuits, both pending and closed, in which DaimlerChrysler is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and DaimlerChrysler's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. DaimlerChrysler's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident or report;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method DaimlerChrysler used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by DaimlerChrysler to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. DaimlerChrysler's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. State, by model and model year, a total count for all of the vehicles repaired under DaimlerChrysler Safety Recall No. B24 separated by labor operation code 19-B2-41-82 and labor operation code 19-B2-41-83.

Separately, for each such repair, state the following information:

- a. DaimlerChrysler's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "RECALL DATA."

7. Describe in detail the search criteria used by DaimlerChrysler to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by DaimlerChrysler on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that DaimlerChrysler offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
8. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that DaimlerChrysler has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that DaimlerChrysler is planning to issue within the next 120 days.
9. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, DaimlerChrysler. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

10. Describe all modifications or changes made by, or on behalf of, DaimlerChrysler in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles and MY 2000 minivans. For each such modification or change, provide the following information:

- a. The date or approximate date on which the modification or change was incorporated into vehicle production;
- b. A detailed description of the modification or change;
- c. The reason(s) for the modification or change;
- d. The part numbers (service and engineering) of the original component;
- e. The part number (service and engineering) of the modified component;
- f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
- g. When the modified component was made available as a service component; and
- h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that DaimlerChrysler is aware of which may be incorporated into vehicle production within the next 120 days.

11. Produce two of each of the following:

- a. Exemplar samples of each design version of the subject component;
- b. Field return samples of the subject component exhibiting the subject failure mode; and
- c. Any kits that have been released, or developed, by DaimlerChrysler for use in service repairs to the subject component/assembly which relate, or may relate, to the alleged defect in the subject vehicles.

12. State the number of each of the following that DaimlerChrysler has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable):

- a. Subject component; and
- b. Any kits that have been released, or developed, by DaimlerChrysler for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which DaimlerChrysler is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

13. Furnish DaimlerChrysler's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;

- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. The reports included with this inquiry.

This letter is being sent to DaimlerChrysler pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. DaimlerChrysler's failure to respond promptly and fully to this letter could subject DaimlerChrysler to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If DaimlerChrysler cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, DaimlerChrysler does not submit one or more requested documents or items of information in response to this information request, DaimlerChrysler must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

DaimlerChrysler's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by March 31, 2004. Please refer to RQ04-001 in DaimlerChrysler's response to this letter. If DaimlerChrysler finds that it is unable to provide all of the information requested within the time allotted, DaimlerChrysler must request an extension from me, at (202) 366-5218 no later than five business days before the response due date. If DaimlerChrysler is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information DaimlerChrysler then has available, even if an extension has been granted.

If DaimlerChrysler claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, DaimlerChrysler must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. DaimlerChrysler is required to submit two copies of the documents containing allegedly

confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Michael Lee of my staff, at (202) 366-5236.

Sincerely,



Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosure: 145 Vehicle Owner's Questionnaires



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 10063

Date Received

07-APR-2003

Repository

Reference No.
10011792

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number
CHRYSLER CORP./ STEVEN CREEK DODGE 408-248-1800

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
ALBURN HILLS

State

MI

Zip Code

48326

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-FEB-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

THE CLOCK SPRING FAILED ON THE VEHICLE, THERE WAS A RECALL REGARDING THE ISSUE, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED IN THE RECALL. *TS *JB

Include, if available: Police/Fire Department Report, Photos, and Recall Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



U.S. Department
of Transportation
National Highway
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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 1374

Date Received

30-APR-2003

Repository Reference No.
10017915**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____

Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44LRW5

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

75000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM18ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

THE CLOCK SPRING WAS BROKEN CAUSING AN OPEN CIRCUIT WHICH CAUSED THE HORN, AND CRUISE CONTROL TO BE INOPERABLE.
DEALER SAID VIN NOT INCLUDED IN RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.



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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

20-MAR-2001

Repository

Reference No.
742767

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44G3WB888888

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1998

Date Purchased
01-AUG-00

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT1AL9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT SOUNDS LIKE SAME PROBLEM BEING INVESTIGATED BY NHTSA - AIR BAG MECHANISM. WHAT CAN I DO FROM HERE? *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-MAR-2003

Repository

Reference No.
10010465

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1BAGP44GWE

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
16-JUL-98

Dealer's Name and Telephone Number
SHULTS DODGE 724-935-6650

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
WEXFORD

State
PA

Zip Code
15090

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141000 AJR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-FEB-2003

Failure Mileage
71000

Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SBC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT FLICKERED INTERMITTENTLY AND LATER STAYED ON PERMANENTLY. HORN WORKS INTERMITTENTLY. DEALER DIAGNOSED AS FAULTY CLOCK SPRING SAME AS OTHER DAIMLER CHRYSLER RECALLED MINIVANS. THIS PARTICULAR MODEL & YEAR WAS NOT RECALLED, BUT SHOULD BE AS IDENTICAL PROBLEM IS WELL DOCUMENTED. THIS IS A HIGHLY DANGEROUS PROBLEM AND SHOULD BE RECALLED. DEALER STATED THAT MANY SIMILAR CARS (NOT RECALLED AND RECALLED) HAVE SAME PROBLEM. REPAIR COST APPROXIMATELY \$198 AT DEALER. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974-Public Law 93-502 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.



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 100161

Date Received

26-JUN-2003

Repository Reference No.
10020291**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44L2W8

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased
03-OCT-98Dealer's Name and Telephone Number
BELAIR DODGE INCEngine:
No. Cylinders 6Fuel Type:
Gas

Original Owner

Dealer's City

FALLSTON

State

MD

Zip Code

21047

Transmission Type:

AUTOMATIC

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15G8C036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER FOR REPAIRS. UNFORTUNATELY BECAUSE OF THE LAST TWO NUMBERS IN THE VEHICLE IDENTIFICATION NUMBER, THE VEHICLE WAS NOT A PART OF THE RECALL *NLM *CB *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 120
Date Received: 13-NOV-2003
Repository:
Reference No.: 10047953
Daytime Telephone Number:
Evening Telephone Number:
E-mail Address:

OWNER INFORMATION (Type or Print)
Name:
Address:
City: State: Zip Code:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: Date: / /

VEHICLE INFORMATION
17 digit Vehicle Identification Number: 1B4GP44G7WB
Make: DODGE Model: GRAND CARAVAN Model Year: 1998
Date Purchased: Dealer's Name and Telephone Number: Engine: No: Cylinders: Fuel Type:
Original Owner: Dealer's City: State: Zip Code:
Transmission Type: Antilock Brakes: Powertrain: Vehicle Component Code: 140000 AIR BAGS
Cruise Control: Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION
Incident Date(s): 13-NOV-2003
Failure Mileage: Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE
Tire Make: The Model (Name or Number): Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LS9ABC036) Original Equipment: Failure Location:
Tire Component Code: Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE
Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)
Crash: Number of Persons Injured: Number of Deaths: Reported to Police:
Fire:
Yes No Yes No

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).
AIR BAG LIGHT CAME ON INTERMITTENTLY. NO HORN AND NO CRUISE CONTROL. TOOK VEHICLE TO DEALERSHIP, AND WAS TOLD THAT THE CLOCKSPRING MALFUNCTIONED. CLOCKSPRING ON SOME OF THE 1998 DODGE GRAND CARAVAN WAS ON RECALL BUT NOT ON HERS. VEHICLE WAS MANUFACTURED ON MARCH 1998.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
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.



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 258

Date Received

20-MAR-2001

Repository

Reference No.
742718

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GM44L5WE

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
01-JUN-98

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 50

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-NOV-2000

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC056)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (e.g., parts repaired or replaced (and if old part is available)).

THE AIRBAG WARNING LIGHT ON THE DASH HAS BEEN COMING ON INTERMITTENTLY SINCE LAST NOVEMBER APPROXIMATELY. IT SOMETIMES LIGHTS WHEN STARTING THE VEHICLE, OR WHILE DRIVING, OR WHILE STOPPED IN TRAFFIC. THERE APPEARS TO BE NO PATTERN OR CIRCUMSTANCE THAT TRIGGERS THE LIGHT. I HAD THE PROBLEM CHECKED BY THE DEALERSHIP ON MARCH 3, 2001. I WAS TOLD THEY HAD CHECKED IT OUT AND RESET THE "TROUBLE CODES" AND TEST DROVE THE VEHICLE AND THERE WAS NO FURTHER PROBLEM. THEY SAID IF THE PROBLEM RECURRED, THEY WOULD HAVE TO DIAGNOSE IT FURTHER. I WAS CHARGED ABOUT \$25.00 FOR THE WORK THEY DID. THE LIGHT AGAIN CAME ON BEFORE I REACHED HOME FROM THE DEALERSHIP, AND THE LIGHT CONTINUES TO INTERMITTENTLY COME ON AND OFF AS BEFORE. I HAVE NOT CONTACTED THE DEALERSHIP AGAIN REGARDING THE CONTINUING PROBLEM. I AM FILING THIS REPORT BECAUSE I BECAME AWARE OF YOUR INVESTIGATION INTO WHAT SOUNDS LIKE THE SAME PROBLEM I AM HAVING. WHEN I WAS AT THE DEALER, I ASKED IF THERE WERE ANY SIMILAR PROBLEMS REPORTED BY OTHER OWNERS AND WAS TOLD BY THE SERVICE MANAGER HE WAS NOT AWARE OF ANY, BUT SOMETIMES THE CLOCKSPRING COULDS CAUSE A PROBLEM, BUT WITH MY MILEAGE, THERE WASN'T ANY WARRANTY COVERAGE FOR REPAIR. PLEASE ADD MY REPORT TO YOUR DATABASE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 241

Date Received: 27-DEC-2001
Repository:
Reference No.: 8001112

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

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: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1P4GP44G6W
Make: PLYMOUTH Model: VOYAGER Model Year: 1998
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Antilock Brakes Powertrain: _____ Vehicle Component Code: 140000 AIR BAGS
 Cruise Control Multiple Failures: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-NOV-2001 Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and how/when)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

EA 01 007/AIR BAG CLOCKSPRING: AIR BAG LIGHT REMAINS ON WHILE TRAVELING DEALER NOTIFIED, AND INFORMED CONSUMER THAT CLOCKSPRING NEEDED TO BE REPLACED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.



U.S. Department
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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 100147

Date Received

01-MAY-2003

Repository Reference No.
10017938**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GT64L8W8

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

23-MAR-2003

Failure Mileage

90000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM148ABC096)

 Original Equipment Prior Repair

Failure Location:

Tire Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE VEHICLE'S AIR BAG WARNING LIGHT ILLUMINATED AND STAYED ON. POSSIBLE CLOCK SPRING FAILURE. VEHICLE MADE IN MARCH 98, 2 WEEKS OUTSIDE OF RECALL LIMIT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 100079

Date Received

11-JUL-2003

Repository Reference No.
10027038**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

11-JUL-2003

Failure Mileage

55000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1ALBABC036)

 Original Equipment Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe to detail the incident(s), Failure(s), Condition, and Injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, parts repaired or replaced (and if OMI part is available).

NHTS ARECALL 02-V-293-000: ON CERTAIN MINI VANS CLOCKSPRING ASSEMBLY MAY HAVE BEEN WINDED INCORRECTLY DURING VEHICLE ASSEMBLY PROCESS. CONSUMER HAS THE SAME PROBLEM INCLUDING HORN MALFUNCTION. HOWEVER THIS VEHICLE WAS NOT RECALLED DUE TO THE VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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 335

Date Received

13-JUN-2003

Repository

Reference No.
10024041

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44G1W

Make

PLYMOUTH

Model

VOYAGER

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

102

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM189ABC086)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT IS ON, THERE IS NO HORN/CRUISE CONTROL, ETC. THERE IS A RECALL FOR THE CLOCKSPRING. CONSUMERS VEHICLE IS NOT INCLUDED DUE TO VIN, *AK

Include, if available: Police/Fire Department Report, Photos, and Recar Invoce.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100079

Date Received

20-FEB-2003

Repository

Reference No.
10008930

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/20/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1B4GP44G5WE

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

CHARLIE'S DODGE

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

MAUMEE

State

OH

Zip Code

43537

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

14100 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-FEB-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

RECALL# 02-V-293-000:THE VEHICLE EXPERIENCED A PROBLEM WITH THE AIR BAG, THERE WAS A RECALL, REGARDING THE ISSUE, HOWEVER THE VEHICLE'S IDENTIFICATION NUMBER WAS NOT INCLUDED.*JB

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

09-JUN-2003

Repeatery

Reference No.
746625

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP4435WR

Make:

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
01-NOV-99

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-NOV-2000

Failure Mileage

Failure Speed

25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE PROBLEM/COMPLAINT IS IN REGARDS TO AN ARTICLE I SAW IN 'AUTOMOTIVE NEWS' PUBLICATION ABOUT A NHTSA PROBE INTO DCX MINI-VAN WIRING CAUSING AIRBAGS TO FAIL. BEGINNING LAST FALL SOME TIME, WE BEGAN NOTICING THE AIRBAG LIGHT TO COME ON. AT FIRST IT WAS VERY INTERMITTENT-ONCE EVERY COUPLE WEEKS OR SO. NOW THE PROBLEM IS MORE FREQUENT BUT STILL HAPPENING RANDOMLY. SOME DAYS THE AIR BAG LIGHT WILL STAY ON ALMOST CONTINUOUSLY AND OTHER DAYS IT DOESN'T COME ON AT ALL. BUT ANYWAY, WHEN I READ THE ARTICLE, THE DESCRIPTION SOUNDED EXACTLY LIKE WHAT WE ARE EXPERIENCING. THANK YOU. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
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Date Received

11-JAN-2000

Repository

Reference No.
717185

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4FP25B0W

Make

PLYMOUTH

Model

VOYAGER

Model Year

1998

Date Purchased

01-JUL-98

Dealer's Name and Telephone Number

Engine

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

136000 VISIBILITY:WINDSHIELD WIPER/WASHER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-JUL-1999

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A1ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE WINDSHIELD WIPERS WOULDNT WORK. AN ELECTRONIC COMPUTER WAS REPLACED. THEN THE RED "AIR BAG" WARNING LIGHT WOULD COME ON AND STAY LIT. THE SEVERITY AND INCREASES WITH HUMIDITY AND COLD. WILL THE AIRBAG DEPLOY AS REQUIRED? I HOPE SO. THANK YOU FOR YOU HELP. HAS ANYONE ELSE HAD SIMILAR TROUBLES?

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

29-JUL-2003

Repository

Reference No.
10031335

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44L8WE

Make

PLYMOUTH

Model

VOYAGER

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

341000 COMMUNICATIONS:HORN ASSEMBLY

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

72000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES AIRBAG LIGHT IS ON, AND THE HORN DOES NOT SOUND WHEN PRESSED. DEALER HAS BEEN CONTACTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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Date Received

25-FEB-2003

Repository Reference No.
10009257

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number
CHESTERFIELD DODGEEngine:
No. CylindersFuel Type:
GasOriginal Owner

Dealer's City

RICHMOND

State

VA

Zip Code

Transmission Type

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-JAN-2003

Failure Mileage

50000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIRBAG SENSOR MALFUNCTIONED CAUSING THE LIGHT TO STAY ON. DEALER SAID VEHICLE NOT INCLUDED IN RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

27-AUG-2003

Repository Reference No.
10036729

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44G3D8

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
19-APR-99

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC
 Antilock Brakes
 Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-AUG-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

 Yes No Yes No

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

PLEASE NOTE THE FOLLOWING RECALL: INOVAN RECALL B24, CLOCKSPrING/WARRANTY EXTENSION HIS RECALL INVOLVES DODGE CARAVAN/GRAND CARAVAN, PLYMOUTH VOYAGER/GRAND VOYAGER AND CHRYSLER TOWN & COUNTRY MINIVAN'S PRODUCED BY DAIMLERCHRYSLER FROM 1996 - 1998. THE CLOCKSPrING ASSEMBLY THAT CONNECTS THE STEERING WHEEL MOUNTED ELECTRICAL COMPONENTS TO THE ELECTRICAL SYSTEM, ON THE MINIVANS, MAY LOSE THE ELECTRICAL CONNECTION TO THOSE COMPONENTS. THIS COULD CAUSE THE DRIVER'S AIRBAG, HORN AND/OR SPEED CONTROL SYSTEM (IF EQUIPPED) TO BE INOPERATIVE. AN INOPERATIVE DRIVER'S AIRBAG WILL NOT DEPLOY AND CAN RESULT IN INCREASED INJURY TO THE DRIVER IN A FRONTAL CRASH.

A FAILED CLOCKSPrING WILL CAUSE THE AIRBAG WARNING LIGHT, ON THE MINIVAN'S INSTRUMENT PANEL TO ILLUMINATE INTERMITTENTLY WHILE YOU ARE DRIVING. IF THIS OCCURS, CONTACT YOUR DEALER IMMEDIATELY TO HAVE THE AIRBAG SYSTEM INSPECTED. IF YOUR DEALER DETERMINES THAT THE CLOCKSPrING HAS FAILED, IT WILL BE REPLACED WITHOUT CHARGE TO YOU.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation
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FOR AGENCY USE ONLY 100079

Date Received

28-JUL-2003

Repository

Reference No.
10031250

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____

Make
DODGE

Model
CARAVAN

Model Year
1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:
No. Cylinders _____

Fuel Type: _____

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Vehicle Component Code
140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)
28-JUL-2003

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM19ABC1136) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police _____

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER HAS HAD PROBLEMS WITH THE CLOCKSPRING. DEALER NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

21-JUL-2003

Repository Reference No.
10029705

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 ATR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-JUN-2003

Failure Mileage

760000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. Is, parts repaired or replaced (and if old part is available).

CLOCKSPRING HAS FAILED, CAUSING AIRBAG AND HORN TO BE INOPERATIVE. DEALER NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

11-FEB-2003

Repository

Reference No.
10006938

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____ Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP54L0X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:

No: Cylinders _____

Fuel Type:

Gas

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-JAN-2003

Failure Mileage
76000

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM15ABC036) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CLOCK SPRING FAILED.*1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 1367

Date Received

01-MAY-2002

Repository

Reference No.
6006962

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE FILL IN

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-APR-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT THE AIRBAG LIGHT CAME ON AND STAYED ON ALL DAY. CONSUMER HAD THE VEHICLE DIAGNOSED BY A DEALERSHIP AND THEY HAD TO REPLACE THE CLOCK SPRINGS IN THE AIR BAGS, IF SPRINGS WERE NOT REPLACED IT WOULD OF CAUSED THE AIR BAG TO MALFUNCTION. JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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



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 160

Date Received

06-APR-2001

Repository

Reference No.
885226

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44R7X

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

EA01007-CONSUMER TOOK VEHICLE TO DEALER FOR A SOUND IN STEERING COLUMN. DEALER HAS REPLACED STEERING COLUMN TWICE, AND CLOCK SPRING TWICE BUT DEFECT STILL OCCURS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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 241

Date Received 27-MAR-2001	Repository <input type="checkbox"/>
	Reference No. 884387

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			Evening Telephone Number	
City	State	Zip Code		

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2P4FP253498		Make PLYMOUTH	Model VOYAGER	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AIR BAGS	
Multiple Failure:				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-MAR-2001	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

EA 01 007/AIR BAG CLOCK SPRING: AIR BAG LIGHT STAYING ON INTERMITTENTLY. DEALER / MANUFACTURER WERE NOT NOTIFIED. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 258

Date Received

19-AUG-2002

Repository

Reference No.
765941

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 8 / 19 / 02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNEV16KSH

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
01-MAR-00

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-JUL-2002

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4S9A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THIS IS MY THIRD ATTEMPT AT GETTING THIS MATTER REPORTED. I HAVE CALLED TWICE BEFORE (AROUND 7/17 AND AGAIN AROUND 8/7) BUT HAVE YET TO RECEIVE THE FORM(S) I NEED TO SIGN. ACCORDING TO YOUR SITE MY REPORT "IS THE FIRST STEP" IN GETTING THIS VERY DEFINITE SAFETY RELATED DEFECT FIXED. I HAVE NO AIR BAGS THAT WORK, AS FAR AS I KNOW, NO HORN (DEFINITELY), AND NO CRUISE CONTROL. I KNOW IT IS PROBABLY THE CLOCKSPRING, BUT CANNOT AFFORD TO HAVE IT FIXED! *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100079

Date Received

24-JUL-2003

Repository Reference No.
10021960**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1P4GP44G7XB8Make
CHRYSLERModel
VOYAGERModel Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
30-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC136)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE VEHICLE AIR BAG LIGHT REMAINED ON AT ALL TIMES. THE AIR BAG CLOCK SPRING WAS RECALL BUT THE CONSUMERS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK *CB *NLM

Include, if available, Police/Fire Department Report, Photos, and Repair Invoce.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 231

Date Received

11-JUL-2003

Repository Reference No.
10027055**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

Make

CHRYSLER

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

141200 AIR BAGS:FRONTAL:DRIVER SIDE INFLATOR MODULE

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example DOT4AL9A8C1036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES WHILE TRAVELING AIR BAG INDICATION LIGHT STAYED ON. VEHICLE WAS SERVICED, AND TECHNICIAN INDICATED THAT NOT A NEW SPRING WAS NEEDED, AND RIGHT SIDE AIR BAG HAD A SHORT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-DO7
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

30-JUN-2003

Repository Reference No.
10025198**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

DIANNEMILLER@CHARTER.NET

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 _____ Date 6/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
22-SEP-99Dealer's Name and Telephone Number
MYRTLE BEACH CHRYSLER-JEEP 645-448-1191Engine:
No. CylindersFuel Type:
GasOriginal Owner
Dealer's City
MYRTLE BEACHState
SCZip Code
29577Transmission Type
AUTOMATIC Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
30-JUN-2003Failure Mileage
40000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

SUBMITTING THIS COMPLAINT ON BEHALF OF MY 80 YR. OLD MOTHER. 1999 TOWN & COUNTRY PURCHASED NEW SEPT. 1999 NOW 40000 MILES. REQUIRED REPAIRS PAST 2 WEEKS. AIRBAG AND HORN \$250, SPEEDOMETER \$135, CRACKED EXHAUST MANIFOLD COST TO BE DETERMINED. AIRCONDITIONER \$ TO BE DETERMINED EST. TO COST \$1100. OUR PHONE CALL TO CHRYSLER CUSTOMER SERVICE (800-426-6451) WAS A HORRIBLE EXPERIENCE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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 258

Date Received

24-MAR-2001

Repository

Reference No.
742965

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP24RDX

Make

DODGE

Model

GRAND-CARAVAN

Model Year

1999

Date Purchased
01-AUG-99

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

142000 AIR BAGS:SIDE/WINDOW

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-MAR-2001

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE HORN IS CURRENTLY NOT WORKING AND AFTER READING A NEWS RELEASE I AM CONCERNED THAT MY DRIVERS SIDE AIRBAG MAY NOT BE WORKING. I INTEND TO CONTACT A DODGE SERVICE DEPARTMENT TO HAVE THE HORN REPAIRED AND THE AIR BAG INSPECTED BUT WANTED TO REPORT OUR CONCERN AS THE NEWS RELEASE INDICATED THAT AN INVESTIGATION IS CURRENTLY UNDERWAY.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 258

Date Received

24-MAY-2002

Repository

Reference No.
762258

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4FP25390R _____

Make
DODGE

Model
CARAVAN

Model Year
1999

Date Purchased
01-MAR-01

Dealer's Name and Telephone Number _____

Engine:
No: Cylinders _____

Fuel Type:
Gas

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type

Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: _____

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) _____

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM4LSABC036) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

IN OUR 1999 CARAVAN, SEVERAL MONTHS AGO, THE CRUISE CONTROL AND HORN BEGAN TO INTERMITTENTLY NOT WORK. THEN THE AIRBAG LIGHT INTERMITTENTLY WOULD COME ON WHILE DRIVING AND WHILE PARKED. AT THIS TIME NEITHER THE HORN, THE CRUISE CONTROL AND SOMETIMES THE WINDSHIELD WIPERS WILL NOT WORK AT ALL. THE AIRBAG LIGHT WILL STILL COME ON AND OFF INTERMITTENTLY. WE CALLED THE DEALER'S REPAIR SERVICE AND THEY TOLD US THAT THEY THOUGHT IT SOUNDED LIKE THE CLOCK SPRING MECHANISM. UPON TAKING THE VEHICLE IN FOR PHYSICAL INSPECTION/ DIAGNOSTICS, AN OPEN CIRCUIT WAS DETECTED AND WE WERE INFORMED THAT THE CLOCKSPRING INDEED NEEDS TO BE REPLACED. HOWEVER, AT THIS TIME THE NECESSARY PART IS BACKORDERED (ON A NATIONAL BASIS) AND IS NOT IMMEDIATELY AVAILABLE. THE TECHNICIAN TOLD US THAT IF WE WERE IN AN ACCIDENT THE AIRBAGS WOULD NOT DEPLOY. SINCE WE DRIVE OUR MINIVAN PRIMARILY WITH OUR ENTIRE FAMILY ON BOARD (IE, MYSELF, MY SPOUSE, AND 4 YOUNG CHILDREN) I AM GREATLY CONCERNED THAT WE ARE NOT ABLE TO HAVE THIS PROBLEM IMMEDIATELY FIXED. UPON VIEWING YOUR WEBSITE I HAVE DISCOVERED THAT AN INVESTIGATION INTO THIS HAS BEEN STARTED BUT DID NOT FIND OUT THE STATUS OF THIS INVESTIGATION. IF THESE PARTS ARE "NATIONALLY" BACKORDERED, THAT SHOULD TELL YOU THAT THERE IS A BIG PROBLEM OUT THERE. IF EVEN ONE OF THOSE VEHICLES IS IN AN ACCIDENT AND THE AIRBAGS WILL NOT DEPLOY, THERE IS SEVERE RISK OF PHYSICAL INJURY TO THE C

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 258

Date Received

11-NOV-2002

Repository

Reference No.
769566

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP4935E

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-NOV-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT ON AT ALL TIMES. HORN AND CRUISE CONTROLS ON THE AIR BAG ASSEMBLY DO NOT WORK.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 333

Date Received

25-AUG-1999

Repository

Reference No.
845780

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44GD8E _____

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:

No: Cylinders _____

Fuel Type: _____

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-AUG-1999

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM19ABC036) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT INTERMITTENTLY COMES ON WHEN APPLYING THE BRAKES, AND ALSO WHEN DRIVING DOWN THE ROAD. CONTACTED THE DEALER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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-3-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received

02-MAY-2002

Repository

Reference No.
8009006

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

Email Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

ZB4GP45G8X

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-MAR-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTN1A9ABC038)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT IS ON, CRUISE CONTROL AND HORN STOPPED WORKING.*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1367

Date Received

05-OCT-2002

Repository

Reference No.
8021757

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GT64U0E

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-JUL-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT HER VEHICLE IS EXPERIENCING THE SAME DEFECT WITH THE AIR BAG CLOCKSPRING AS IN RECALL NUMBER 02 V 293 000, BUT VEHICLE IS NOT INCLUDED CAUSE THE RECALL IS NOT ON THIS YEAR VEHICLE TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1374

Date Received

08-DEC-2002

Repository

Reference No.
6023856

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L6X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-MAY-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT THE CLOCK WENT OUT CAUSING THE AIR BAG LIGHT TO STAY ILLUMINATED, HORN TO GO OUT, AND CRUISE CONTROL TO NOT ENGAGE. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 758

Date Received

18-DEC-2002

Repository

Reference No.
20001120

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2P4GP44G3K [REDACTED]

Make
PLYMOUTH

Model
GRAND VOYAGER

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-NOV-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4L9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT IS ILLUMINATED, HORN AND CRUISE CONTROL ARE NOT WORKING. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974, Public Law 93-502. 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.



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 100079

Date Received

03-JAN-2003

Repository

Reference No.
10002036

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____ Date 1/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP44G8X _____

Make

DODGE

Model

GRAND CARAWAN

Model Year

1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:

No: Cylinders _____

Fuel Type: _____

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: _____

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

15-JUN-2002

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM4LSABC036) _____

Original Equipment

Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation Systems _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

NHTSA#15350-02-Y-299-000: AIRBAG CLOCK SPRING: CLOCKS SPRING ASSEMBLY MAY HAVE BEEN WOUND INCORRECTLY DURING THE VEHICLE ASSEMBLY PROCESS. THIS RECALL APPLIED FOR THE 98. CONSUMER STATES HAS THE SAME PROBLEM ON HIS VEHICLE WITH AIR BAGS, CRUISE CONTROL STEERING WHEEL. THIS VEHICLE IS YEAR 1999. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 231

Date Received

14-JAN-2003

Repository

Reference No.
10003764

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____

Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44R6X1 _____

Make
DODGE

Model
GRAND CARAVAN

Model Year
1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:
No. Cylinders _____

Fuel Type: _____

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Cruise Control

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) _____

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM19AB0336) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if odd part is available).

CONSUMER STATED WHILE TRAVELING WITHOUT ANY INDICATION THE AIR BAG INDICATION LIGHT STARTED FLASHING AND VEHICLE HORN WOULD NOT SOUND OFF. DEALER WAS CONTACTED AND NOTICED THAT THE CLOCK SPRING NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER INFORMATION. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-502 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.



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 1368

Date Received

15-JAN-2003

Repository

Reference No.
10003894

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-JAN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15AB00156)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER IS HAVING THE SAME PROBLEM AS RECALL #02V293000 AIR BAG CLOCK SPRING. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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 1367

Date Received	Repository <input type="checkbox"/>
16-JAN-2003	Reference No. 10004002

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			

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 _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1P4GP44GED		Make PLYMOUTH	Model GRAND VOYAGER	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AIR BAGS	
Multiple Failure:				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JAN-2003	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT THEIR VEHICLE AIR BAG CLOCK SPRING HAD THE SAME DEFECT STATED IN RECALL NUMBER 02 V 293 000. VEHICLE NOT INCLUDED CAUSE THE RECALL IS FOR THE EARLIER MODEL. PH

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

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.



U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

22-JAN-2003

Repository

Reference No.
10004384

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GT54L3X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Cruise Control

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

13-JAN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT VEHICLE'S AIRBAG SENSOR LIGHT CONTINUES TO STAY ON AND HORN DOESN'T WORK. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

22-JAN-2003

Repository

Reference No.
10004459

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP14R7

Make

DODGE

Model

CAAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

34100 COMMUNICATIONS:HORN ASSEMBLY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-JUN-2002

Failure Mileage

65000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TYRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM149ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Provide a detailed description of incident(s), crash(es), and injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if not part is available).

CONSUMER STATES THE VEHICLE'S HORN WILL NOT BLOW AND THE AIRBAG LIGHT STAYS ON. THE CAUSE IS UNKNOWN. PLEASE PROVIDE ANY FURTHER INFORMATION, IF:

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 1374

Date Received

04-FEB-2003

Repository

Reference No.
10005422

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SAAC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), collision(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT STAYS ILLUMINATED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

10-FEB-2003

Repository

Reference No.
10006835

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE PROVIDE

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

03-FEB-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fra

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THERE WAS A RECALL REGARDING THE CLOCK SPRING, HOWEVER CONSUMER WAS INFORMED VEHICLE WAS NOT INCLUDED, DUE TO THE VEHICLE IDENTIFICATION NUMBER. *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 2004-Public Law 99-579 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
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National Highway
Traffic Safety
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 124

Date Received
03-MAR-2003
Repository
Reference No.
10007261

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City _____ State _____ Zip Code _____

Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

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 _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4GM4GL		Make DODGE	Model CARAVAN	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AJR 6AGS	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Provide Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

THERE WAS A RECALL ON DODGE, CARAVAN, 1999 FOR A FLAW IN THE AIR BAG, WHICH CAUSED THE CRUISE CONTROL TO RELEASE AUTOMATICALLY. CONSUMER FELT THAT RECALL SHOULD EXTEND TO DODGE, CARAVAN, 1999, *AK *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a 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.



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 1375

Date Received

21-FEB-2003

Repository

Reference No.
10009009

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44C9X

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
01-MAR-99

Dealer's Name and Telephone Number
OLATHE CHRYSLER JEEP

Engine
Nbr: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
OLATHE

State
KS

Zip Code
66061

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-FEB-2003

Failure Mileage
52000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Prior

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE AIR BAG LIGHT ILLUMINATE ON THE VEHICLE, WHICH CAUSED THE HORN AND CRUISE CONTROL TO BE INOPERATIVE. THERE WAS A RECALL REGARDING THE ISSUE, HOWEVER THE CONSUMER'S VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 100147

Date Received

01-APR-2003

Repository

Reference No.
10014670

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

State _____

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 _____

Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____

Make
PLYMOUTH

Model
VOYAGER

Model Year
1999

Date Purchased _____

Dealer's Name and Telephone Number _____

Engine:

No. Cylinders _____

Fuel Type:
Gas _____

Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

Antilock Brakes

Powertrain _____

Vehicle Component Code

140000 ADR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-MAR-2003

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM15ABC036) _____

Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
List parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED ON THE DASH BOARD. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



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 1367

Date Received

09-APR-2003

Repository

Reference No.
10015533

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1BACP44R6

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 5

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-APR-2003

Failure Mileage

64000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM13ABCD36)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE EXPERIENCED THE SAME DEFECT AS STATED IN RECALL

02 V 293 000, BUT THE MODEL YEAR AND VIN NUMBER WERE NOT INCLUDED. *NLJ... *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 100079

Date Received

09-APR-2003

Repository

Reference No.
10015541

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP54L8X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
04-JUL-02

Dealer's Name and Telephone Number
CENTRAL FLORIDA CHRYSLER JEEP

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City
ORLANDO

State
FL

Zip Code
32809

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S) /PART(S) INFORMATION

Incident Date(s)
09-APR-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A1BABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Personnel Casualty, and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER'S VEHICLE EXPERIENCED SYMPTOMS OF RECALL 02-V-293-000 WHICH IS RELATED TO THE CLOCKSPRING ASSEMBLY. THE RECALL STATED THAT THE CLOCKSPRING ASSEMBLY MAY HAVE BEEN WOUND INCORRECTLY DURING THE VEHICLE ASSEMBLY PROCESS. NO CORRECTION DONE; DEALER REFUSED TO REPAIR RECALLED PART. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 335

Date Received

14-APR-2003

Repository

Reference No.
10015771

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
DODGE

Model
CARAVAN

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTR14SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE AIR BAG LIGHT ILLUMINATED ON THE DASH BOARD, AND THE HORN AND CRUISE CONTROL WERE INOPERATIVE. *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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
(1-888-337-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

22-APR-2003

Repository

Reference No.
10017342

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
CHRYSLER

Model
TOWN AND COUNTRY

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-MAR-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED ON THE DASH BOARD. *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

02-SEP-2003

Repository

Reference No.
10017628

OWNER INFORMATION (Type or Print)

Name

Address

City

State PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP24G9

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
01-OCT-98

Dealer's Name and Telephone Number
D'AMBROSIA DODGE

Engine:
No. Cylinders 6

Fuel Type:

Original Owner

10

Dealer's City

DOWNINGTOWN

State

PA

Zip Code

19335

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-MAR-2003

Failure Mileage

75000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if all part is available).

THE VEHICLE EXPERIENCED THE SAME DEFECT WITH THE CLOCK SPRING AS STATED IN RECALL 02 V 2930 000, HOWEVER THE VEHICLE IDENTIFICATION NUMBER, MODEL, AND YEAR WERE NOT INCLUDED. *JB *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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
(1-888-337-4286)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received

03-JUL-2003

Repository

Reference No.
10020234

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP2434

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased
01-FEB-99

Dealer's Name and Telephone Number
METRO CHRYSLER PLYMOUTH

Engine
No: Cylinders 6

Fuel Type:

Original Owner

Dealer's City
PHILADELPHIA

State
PA

Zip Code
19153

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-MAY-2003

Failure Message

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED ON THE DASHBOARD, WHICH ALSO CAUSED THE HORN NOT TO WORK. THE CONSUMER WAS INFORMED ABOUT A RECALL REGARDING THE ISSUE, HOWEVER THE CONSUMER VEHICLE WAS NOT INCLUDED IN THE RECALL. THE CONSUMER HAD TO PAY TO HAVE THE CLOCK SPRING REPLACED. *JB *CB *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 100148

Date Received

06-JUN-2003

Repository

Reference No.
10021128

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number
MATHEWS CHRYSLER

Engine
No. Cylinders

Fuel Type:

Original Owner

Dealer's City
BINGHAMTON

State

NY

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-JUN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LS9BC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY 1999 TOWN AND COUNTRY AIR BAG WARNING LIGHT CAME ON, HORN, AND CRUISE CONTROL HAVE STOPPED WORKING. DEALER CLAIMS ITS A DEFECTIVE CLOCKSPrING ASSEMBLY AND THEY ARE BEING RECALLED IN THE 1996-98 YEAR MODELS, BUT NOT 1999. MY COST - \$180. I BELIEVE 1999 YEAR MODELS SHOULD BE INCLUDED AS WELL. I SEE FROM YOUR WEBSITE THAT I AM NOT THE ONLY PERSON IN THE 1999 YEAR CATEGORY THAT HAS HAD THIS PROBLEM (OR SHOULD I SAY THE PRIVILEGE OF PAYING FOR IT). *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1375

Date Received
03-JUN-2003

Repository
Reference No.
10022183

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City _____ State _____ Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____

E-mail Address _____

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make PLYMOUTH	Model GRAND VOYAGER	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AIR BAGS Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4SABC135)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT HAS BEEN ILLUMINATING. ALSO, VEHICLE'S HORN AND CRUISE CONTROL FUNCTIONS HAVE FAILED. DEALER DIAGNOSED CLOCKSPRING FAILURE. RELATED TO RECALL 02V293000. THIS VEHICLE NOT INCLUDED IN RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100134

Date Received

27-MAY-2003

Repository

Reference No.
10022254

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 5/27/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

341000 COMMUNICATIONS:HORN ASSEMBLY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT ILLUMINATED/ PROBLEMS WITH CLOCKSPRING. CONSUMER HAD NO HORN AND NEED HER BRAKES REPAIRED AS WELL. *MR PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100148

Date Received

07-JUL-2003

Repository

Reference No.
10025505

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44G2

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased
23-APR-99

Dealer's Name and Telephone Number
BURGIN DODGE, INC.

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

KNOXVILLE

State

TN

Zip Code

37912

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

14-JUN-2003

Failure Mileage

91400

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ILLUMINATION OF AIR BAG WARNING LIGHT (AT FIRST, INTERMITTENTLY, THEN CONTINUOUS) FOLLOWED BY LOSE OF CRUISE CONTROL AND HORN FUNCTIONS. VEHICLE TYPE: 1999 DODGE GRAND CARAVAN SE. APPROX. MILEAGE: 91400. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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No part!



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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

09-JUL-2003

Repository

Reference No.
10025744

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GM44G9

Make
DODGE

Model
GRAND CARAVAN

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number
KING DODGE

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City
ST. LOUIS

State
MO

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-JUL-2003

Failure Mileage
50,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC038)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Codes:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIRBAG LIGHT STAYS ON ALL THE TIME, THE HORN WILL NOT SOUND, AND THE CRUISE CONTROL DOES NOT WORK. THE DEALER HAD TO REPLACE THE CLOCKSPRING ON MY 1999 DODGE CARAVAN. DIAMLER-CHRYSLER HAD A RECALL ON THEIR 1996, 1997, AND 1998 DODGE CARAVANS. WE OWNED A 1996 DODGE CARAVAN WHICH WE BOUGHT FROM THE DEALER AND HAD IT REGISTERED. WE HAD TO HAVE THAT CLOCKSPRING REPLACED APPARENTLY BEFORE THE RECALL AND WE WERE NOT NOTIFIED OF THAT RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100083

Date Received

01-JUL-2003

Repository

Reference No.
10026339

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased
02-JUL-02

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL5ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

CONSUMER CALLED COMPLAINING ABOUT CLOCKSPrING PROBLEMS. STATED THAT HE HAS CONTACTED THE DEALER AND THE MANUFACTURER, AND THEY TOLD HIM THAT HIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

26-JUL-2003

Repository

Reference No.
10029238

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L5K

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
26-APR-02

Dealer's Name and Telephone Number

Engine:
No. Cylinders: 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Anti-lock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JUN-2003

Failure Mileage
62000

Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1AABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
List parts repaired or replaced (and if old part is available).

A RECALL WAS ISSUED ON NOVEMBER 4, 2002 FOR CHRYSLER TOWN AND COUNTRY MINI VANS 1996-1998 MODEL YEARS. SITUATION: THE CLOCKSPrING ON ABOUT 1,475,000 OF THE AFFECTED VEHICLES MAY LOSE THE ELECTRICAL CONNECTION TO THE STEERING WHEEL MOUNTED ELECTRICAL COMPONENTS.

[NHTSA RECALL NO. 02V293/DAIMLERCHRYSLER RECALL NO. 024]

MY 1999 TOWN AND COUNTRY MINI VAN HAS THE SAME EXACT PROBLEM. THIS POSES A SERIOUS PROBLEM FOR ME AND MY FAMILY'S SAFETY. I DON'T UNDERSTAND WHY MY VAN IS NOT COVERED. IT IS ONLY LOGICAL THAT OTHER YEAR VANS EVEN NEWER THAN THE RECALL YEARS BE COVERED. MINE WAS BUILT 6 MONTHS AFTER RECALL END. CONSIDERING THE RECALL OF OVER 1.5 MILLION OTHER UNITS. IT ONLY MAKES SENSE THAT THE 1999 MODEL YEAR WAS ALSO PUT TOGETHER WRONG ALSO.

I HAVE WRITTEN TO DAIMLER CHRYSLER BUT WAS TURNED DOWN BY:

ANDREW MILLER

SENIOR STAFF REPRESENTATIVE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100145

Date Received

15-AUG-2003

Repository

Reference No.
10029493

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2P4GP44G0

Make
PLYMOUTH

Model
GRAND VOYAGER

Model Year
1999

Date Purchased
07-MAY-00

Dealer's Name and Telephone Number
KEYSTONE CHRYSLER-PLYMOUTH

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
MISSION

State
KS

Zip Code
66202

Transmission Type
AUTOMATIC

Anti-lock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-JUL-2003

Failure Mileage
75600

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: 007MALBABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE CLOCK SPRING FAILED WHICH CAUSED THE LIGHT TO ILLUMINATE, AND CAUSED THE HORN TO BECOME INOPERATIVE. DEALER NOTIFIED. *AK *PH *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received

22-AUG-2003

Repository

Reference No.
10030168

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 8/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4GP44G00		Make DODGE	Model GRAND CARAVAN	Model Year 1999
Date Purchased 26-AUG-02	Dealer's Name and Telephone Number SUNSHINE AUTO 920 738 7755		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City MENASHA	State WI	Zip Code 54952	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 141000 AIR BAGS:FRONTAL	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUL-2003	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMA9ABC136)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CLOCK SPRING FAILED, WHICH RESULTED IN THE AIRBAG, HORN AND CRUISE CONTROL FUNCTIONS BEING INOPERATIVE. (THE RELATED RECALL# 02V293000) THE CONSUMER'S VEHICLE WAS NOT INCLUDED DUE TO THE VEHICLE IDENTIFICATION NUMBER. AK THE AIR BAG LIGHT STAYED ON. THE AIR BAG LIGHT WAS INTERMITTENT AND WHEN THE LIGHT HAD COME ON, THE CRUISE CONTROL AND HORN WOULD NOT WORK. *SCC *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100148

Date Received

28-AUG-2003

Repository Reference No.
10036781

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

City

State

Zip Code

Evening Telephone Number

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's manufacturer.

Signature of Owner _____

Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP25G90

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased
17-MAR-99Dealer's Name and Telephone Number
CHRIS NICKLESEngine:
No: Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
TULSAState
OK

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
FRONT WHEEL DRIVEVehicle Component Code
140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-AUG-2003Failure Mileage
67000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC030)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

 Yes No Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I OWN A 1999 PLYMOUTH VOYAGER. RECENTLY, OUR AIRBAG LIGHT WOULD COME ON INTERMITTENTLY WHILE DRIVING. ALSO, THE HORN WOULD WORK INTERMITTENTLY AS WELL. WE HAVE A FRIEND THAT OWNS A 1998 VOYAGER AND SHE TOLD US THAT SHE HAD THE SAME PROBLEM, AND IT WAS CAUSED BY A DEFECTIVE CLOCK SPRING. SHE HAD HER VAN REPAIRED AT NO CHARGE BY THE CHRYSLER DEALERSHIP, AS THEY HAD HAD SO MANY COMPLAINTS AND INCIDENTS OF THIS PART FAILING THAT THEY ACTUALLY EXTENDED THE WARRANTY OF THE CLOCK SPRING ON THE 1998 MODEL TO A LIFETIME WARRANTY. WHEN WE TOOK OUR 1999 VOYAGER IN FOR REPAIR, WE WERE ALSO TOLD THAT OUR CLOCK SPRING WAS NOT WORKING. HOWEVER, THE WARRANTY WAS NOT BEING EXTENDED FOR THE 1999 MODELS, SO THE REPAIR COST US \$198.00. WE WERE TOLD TO KEEP OUR RECEIPT "IN CASE" CHRYSLER EVER ISSUED A RECALL OR CHANGED THE STATUS OF THE PARTS WARRANTY IN THE FUTURE, SO WE COULD GET A REFUND. OF COURSE, I FEEL THERE IS VERY LITTLE CHANCE OF THAT EVER HAPPENING.

MY MAIN COMPLAINT IS THAT IF CHRYSLER KNOW THAT THIS PART IS DEFECTIVE, WHY THEY ARE NOT RECALLING THE PARTS INSTEAD OF WAITING UNTIL THERE ARE SO MANY COMPLAINTS THAT THEY SECRETLY EXTEND THE WARRANTY, WHICH GETS THEM OUT OF THE NORMAL

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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National Highway Traffic Safety Administration

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 200148

Date Received

04-SEP-2003

Repository

Reference No.
10037216

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GPS4L00

Make
CHRYSLER

Model
TOWN AND COUNTRY

Model Year
1999

Date Purchased
17-OCT-99

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

341000 COMMUNICATIONS:HORN ASSEMBLY

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-SEP-2003

Failure Mileage
60700

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please check in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Accident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY 1999 CHRYSLER TOWN AND COUNTRY'S HORN STOPPED WORKING AND THE AIRBAG LIGHT WENT ON. MY 3RD PARTY MECHANIC SAID HE HAS SEEN THIS HAPPEN NUMEROUS TIMES. THE VAN HAS 61000 MILES. I TOOK IT TO A CHRYSLER DEALER WHO SAID IT WAS NOT COVERED UNDER A RECALL. IT COST ME \$250. THEY SAID IT WAS THE CLOCK SPRING. SEEMS LIKE A PROBLEM THAT STOPS THE HORN AND THE AIRBAGS FROM WORKING WOULD GENERATE A RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

16-SEP-2003

Repository Reference No.
10040055**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 9/16/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP74LD

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

341000 COMMUNICATIONS:HORN ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-SEP-2003

Failure Mileage

83642

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTM4L9ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

AIR BAG LIGHT WOULD COME ON WHEN STARTING UP THE VEHICLE. ALSO, HORN WAS INOPERATIVE. CONSUMER SAID VEHICLE WAS HAVING THE SAME PROBLEM AS MENTIONED IN RECALL Q2V293000 CONCERNING CLOCKSPRING FAILURE. HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-OCT-2003

Repository

Reference No.
10041789

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield or driver's side

1B4GP44G0

Make

DOODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
12-JUL-02

Dealer's Name and Telephone Number
CAR XPRESS 412-882-1400

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
PITTSBURGH

State
PA

Zip Code
15210

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-OCT-2003

Failure Mileage
81800

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTM45BABC138)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

RE: 1999 DOODGE GRAND CARAVAN HAD INTERMITTENT AND THEN CONSTANT AIR BAG LIGHT FOLLOWED SHORTLY THEREAFTER BY SIMULTANEOUS LOSS OF CRUISE CONTROL & HORN. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received

05-NOV-2003

Repository

Reference No.
10042216

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GPS4L5

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number
JERRYS DODGE 703 866 1700

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

SPRINGFIELD

State

VA

Zip Code

22150

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

75,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1ABAC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED, THE HORN WOULD NOT SOUND AND THE CRUISE CONTROL WOULD NOT OPERATE DUE TO A FAULTY AIR BAG CLOCK SPRING WHICH WAS REPLACED. *AK *SCC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

16-OCT-2003

Repository

Reference No.
10044084

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP25R2

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

84000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG/CLOCKSPRING EXPERIENCED THE SAME DEFECT AS STATED IN NHTSA RECALL 02V293000, ERRATIC OPERATION OF AIR BAGS. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received

16-OCT-2003

Repository

Reference No.
10044141

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

/ /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP44G1

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-OCT-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Federal, Criminal, and other(s).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATED THAT AIR BAG LIGHT CAME ON AND STAYED ON ALL THE TIME. THIS AFFECTED HORN AND CRUISE CONTROL, BOTH DID NOT WORK.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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2-9-03



U.S. Department
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

09-NOV-2003

Repository

Reference No.
10045798

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44L3

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
12-MAY-99

Dealer's Name and Telephone Number
TOWNE MOTORS

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City
EXTON

State
PA

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-OCT-2003

Failure Mileage

48,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example DOTM15ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

1999 PLYMOUTH GRAND VOYAGER - CLOCKSPrING HERE HAS BEEN A RECALL ON ALL MODELS FROM 1996 - 1998 FOR THIS PROBLEM. AM EXPERIENCING THE SAME PROBLEM IN MY 1999 VOYAGER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



U.S. Department
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Traffic Safety
Administration

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

11-NOV-2003

Repository

Reference No.
10049956

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4G54L7

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
16-DEC-98

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

141100 AIR BAGS:FRONTAL-SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-NOV-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LS9AC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT ON DASH BOARD HAS BEEN ON FOR A WEEK ACCORDING TO THE DEALER THE "CLOCK SPRING" IS DEFECTIVE AND NEEDS TO BE REPLACED.
CURRENTLY, I HAVE NO AIR BAG, HORN, OR CRUISE CONTROL. WHERE IS A RECALL UP TO YEAR 1998 BUT NOT 1999. MY VAN WAS BUILT IN 1998 WHY IS IT NOT INCLUDED IN THE RECALL? MAYBE THE RECALL SHOULD BE EXPANDED TO INCLUDE MORE YEARS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a 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.



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 100148

Date Received

11-NOV-2003

Repository

Reference No.
10045976

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date: 11/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GM44G7

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
01-MAY-99

Dealer's Name and Telephone Number
VIDEON CHRYSLER

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
NEWTOWN SQUARE

State
PA

Zip Code
19008

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
08-NOV-2003

Failure Mileage
53400

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

1999 PLYMOUTH CHRYSLER GRAND VOYAGER DEFECTIVE CLOCK SPRING. THERE WAS A RECALL FOR VANS UP TO YEAR 1998, BUT FOR SOME REASON THE 1999 VANS HAVEN'T BEEN RECALLED BECAUSE OF THE CLOCKSPRING. THIS MAY CAUSE A MALFUNCTION OF THE AIRBAG AND THE HORN DOESNT WORK.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1367

Date Received

18-NOV-2003

Repository

Reference No.
10048104

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1C4GP64L8

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

100000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT-M1A9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG WARNING LIGHT ILLUMINATED WHILE DRIVING. THIS WAS DUE TO A FAILURE IN THE CLOCKSPRING. RECALL 02V293000 WAS ISSUED; HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100184

Date Received

Repository

03-FEB-2004

Reference No.
10057427

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

14000 AIR BAGS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-JAN-2004

Failure Mileage

59000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe to detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

AT ANY SPEED AIR BAG LIGHT CAME ON AND STAYED ON. WHEN THE AIR BAG LIGHT CAME ON THE HORN AND CRUISE CONTROL WOULD NOT WORK. AN ARTICLE APPEARED IN A CONSUMER MAGAZINE THAT DOCUMENTED A DEFECTIVE CLOCK SPRING. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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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 100184

Date Received

03-FEB-2004

Repository

Reference No.
10057424

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make DODGE	Model GRAND CARAVAN	Model Year 1998
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AIR BAGS Multiple Failure: 3	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-NOV-2003	Failure Mileage 135000	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1A5ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

AT ANY SPEED AIR BAG LIGHT COMES ON AND STAYS ON. WHEN THE AIR BAG LIGHT COMES ON HORN AND THE CRUISE CONTROL WILL NOT WORK. THERE IS AN ARTICLE IN A CONSUMER MAGAZINE THAT DOCUMENTS THE PROBLEMS THE CONSUMER IS HAVING. THE PROBLEM MENTIONED IS A DEFECTIVE CLOCK SPRING. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 100161

Date Received

02-FEB-2004

Repository

Reference No.
10057278

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

ZP4FP2580

Make
PLYMOUTH

Model
VOYAGER

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-FEB-2004

Failure Mileage
66000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE VEHICLE WAS TAKEN TO THE DEALER BECAUSE THE AIR BAG LIGHT ILLUMINATED AND THE HORN WOULD NOT FUNCTION. THE DEALER'S MECHANIC DETERMINED THAT THE CLOCKSPRING ASSEMBLY WAS THE CAUSE OF THE PROBLEM AND MUST BE REPLACED. *N/M

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received

30-JAN-2004

Repository

Reference No.
10057215

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/1/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-JAN-2004

Failure Mileage

151000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

AT ANY SPEED AIR BAG LIGHT STAYS ON. ALSO, HORN IS INOPERABLE, AND CRUISE CONTROL DOES NOT WORK. THERE IS RECALL 02V293000 CONCERNING CLOCK SPRING FAILURE. HOWEVER, THIS VEHICLE IS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-FEB-2004

Repository

Reference No.
10055436

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L1

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
20-JUN-02

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

143100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-JAN-2004

Failure Mileage
67000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CLOCK SPRING IN STEERING COLUMN IS DEFECTIVE. AIR BAG LIGHT IS LIT AND THE HORN, CRUISE CONTROL AND RADIO CONTROLS DO NOT WORK. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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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 100148

Date Received

Repository

03-FEB-2004

Reference No.
10056407

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44G9

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
26-SEP-98

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

063100 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; EMISSION

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-DEC-2003

Failure Mileage
57511

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash

Yes No

Fine

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

EGR SYSTEM FAILURE (FAILING AIRBAGS, HORN, AND CRUISE CONTROL SYSTEM)-AS PER AN ARTICLE IN TODAYS ATLANTA JOURNAL- CONSTITUTION, YOU ARE CURRENTLY PROBING PLYMOUTH GRAND VOYAGERS FROM MODEL YEARS 1998 & 1999 DUE TO 109 COMPLAINTS REGARDING FAILING AIRBAGS, HORNS, AND CRUISE CONTROL SYSTEMS. THEREFORE, SINCE MY VAN HAD THE SAME PROBLEM, I WANT TO BE ADDED TO YOUR LIST.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100148

Date Received

03-FEB-2004

Repository

Reference No.
10056404

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1998

Date Purchased
30-DEC-97

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-JAN-2004

Failure Mileage
60200

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

CRUISE CONTROL FAILED ABOUT 45 DAYS AGO. AIR BAG LIGHT BEGAN COMING ON LAST WEEK. AIR BAG LIGHT GOES ON AND OFF, BUT IS ON MOST OF THE TIME.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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
(1-888-337-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

28-JAN-2004

Repository

Reference No.
10055957

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP45G2W

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS;FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

50000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

AIR BAG WARNING LIGHT STAYS ON WHICH RENDERS THE CRUISE CONTROL AND THE HORN INOPERATIVE. THERE IS AIR BAG CLOCK SPRING
RECALL 02/293000, BUT THIS VEHICLE IS NOT INCLUDED DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 100145

Date Received

28-JAN-2004

Repository

Reference No.
10055945

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
PLYMOUTH

Model
VOYAGER

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No; Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

14000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-JAN-2004

Failure Mileage
80927

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM189ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure
i.e., parts repaired or replaced (and if old part is available).

CLOCK SPRING FAILED. A RECALL WAS ISSUED, HOWEVER THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100161

Date Received

21-JAN-2004

Repository

Reference No.
10055513

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

20000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

INTERMITTENTLY AIR BAG LIGHT AND THE OIL LIGHT ILLUMINATED, AND VEHICLE MADE A CHIMING NOISE WHEN STARTING. THE LIGHTS AND THE CHIMING CONTINUED FOR 5 TO 15 MINUTES. DEALER COULD NOT DUPLICATE OR DETERMINE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

21-JAN-2004

Repository

Reference No.
10055465

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP14G9X

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-NOV-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AIR BAG WARNING LIGHT APPEARED ON THE DASHBOARD INTERMITTENTLY. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1367

Date Received

14-JAN-2004

Repository

Reference No.
10054001

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____

Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Cruise Control

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4L9ABC085)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG WARNING LIGHTS CAME ON, AND WITHIN SECONDS, CRUISE CONTROL AND HORN BECAME INOPERATIVE. RECALL 02V293000 WAS ISSUED ON THIS PROBLEM, BUT THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100184

Date Received

05-JAN-2004

Repository

Reference No.
10053397

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP25G4

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

Hor. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-NOV-2003

Failure Mileage

70000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC035)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AT ANY SPEED AIR BAG LIGHT STAYED, AND THE HORN DID NOT WORK. THERE WAS A RECALL FOR 1994-1998 VEHICLES OF THE SAME MAKE AND MODEL. THE RECALLED VEHICLES HAD THE CLOCK SPRING REPLACED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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 100079

Date Received
30-DEC-2003
Repository
Reference No.
10052112

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Telephone Number _____ E-mail Address _____
000.000.000
Evening Telephone Number _____

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____
Make DODGE Model GRAND CARAVAN Model Year 1999
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine No: Cylinders _____ Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type Antilock Brakes Powertrain UNKNOWN Vehicle Component Code 140000 AIR BAGS
AUTOMATIC Cruise Control Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-DEC-2003 Failure Mileage 118000 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM15ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (read if old part is available).

THE AIR BAG LIGHT ILLUMINATED, THE CRUISE CONTROL AND HORN WERE NOT WORKING. THE DEALER REPLACED THE CLOCK SPRING AT OWNER EXPENSE OF \$300 DOLLARS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**

The Privacy Act of 1974-Public Law 93-502 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.



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

DOT Auto Safety Hotline

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

29-DEC-2003

Repository

Reference No.
10052048

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

14000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

11-DEC-2003

Failure Mileage

88000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CLOCK SPRING FAILED. A RECALL WAS ISSUED; HOWEVER, THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 100147

Date Received

23-DEC-2003

Repository

Reference No.
10051954

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

FILL IN

Make
PLYMOUTH

Model
VOYAGER

Model Year
1998

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-NOV-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/55R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE AIR BAG WARNING LIGHT ILLUMINATED ON THE DASHBOARD INTERMITTENTLY. THE VEHICLE WAS TAKEN TO THE DEALER BUT THE PROBLEM STILL OCCURS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. "N/A"

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 100145

Date Received

12-JAN-2004

Repository

Reference No.
10048586

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44GL

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
01-JAN-02

Dealer's Name and Telephone Number

Engine
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-NOV-2003

Failure Mileage
85000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

THE CLOCK SPRING FAILED, WHICH CAUSED THE AIRBAGS TO BE INOPERATIVE. THERE WAS A RECALL ISSUED FOR THE CLOCK SPRING, BUT THE VEHICLE WAS OUTSIDE OF THE REMEDY SCOPE. *J8 *PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1367

Date Received

24-DEC-2003

Repository

Reference No.
10048104

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GPG4L8X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

100000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG WARNING LIGHT ILLUMINATED WHILE DRIVING. THIS WAS DUE TO A FAILURE IN THE CLOCKSPRING. A RECALL WAS ISSUED # 02V293000, HOWEVER THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK ALSO THE CRUISE CONTROL DOESN'T WORK, POSSIBLY DUE TO THE INOPERATIVE AIR BAG. *CB *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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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 1375

Date Received

12-JAN-2004

Repository

Reference No.
10022183

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
PLYMOUTH

Model
GRAND VOYAGER

Model Year
1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTN15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED. THE VEHICLE'S HORN AND CRUISE CONTROL ALSO STOPPED FUNCTIONING. THE DEALER DIAGNOSED THE PROBLEM AS A FAULTY CLOCKSPRING. RECALL 02V293000 IS RELATED TO THIS FAILURE BUT THE CONSUMER'S VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. *AK *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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

FDR AGENCY USE ONLY 100192

Date Received

04-FEB-2004

Repository

Reference No.
10057520

OWNER INFORMATION (Type or Print)

Name

Address

City

COLUMBUS

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L6

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141100 AIR BAGS:FRONTAL-SENSOR/CONTROL MODULE

Multiple Failure:

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

Failure Mileage

40000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL9ABC035)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

INTERMITTANTLY, WHILE DRIVING, THE AIR BAG LIGHT COMES ON. VEHICLE WAS TAKEN TO THE DEALERSHIP, HOWEVER, VEHICLE WAS UNABLE TO DUPLICATE ITSELF WHILE AT THE DEALERSHIP. PROVIDE FURTHER DETAILS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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 100145

Date Received

04-FEB-2004

Repository

Reference No.
10057518

OWNER INFORMATION (Type or Print)

Name

Address

City

LAUREL

State

MD

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4GP44G3V

Make
DODGE

Model
GRAND CARAVAN

Model Year
1998

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

1411DD AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Cruise Control

Multiple Failures: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
22-DEC-2003

Failure Mileage
69357

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE'S AIR BAG SENSOR LIGHT FLASHES INTERMITTENTLY. THE DEALER STATES THE CLOCK SPRING HAS FAILED AND AIR BAGS ARE INOPERATIVE. A RECALL (02V293000) HAS BEEN ISSUED, HOWEVER THE VEHICLE'S VIN NUMBER IS OUTSIDE OF THE REMEDY SCOPE. PLEASE PROVIDE ADDITIONAL INFORMATION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-3-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received

Repository

04-FEB-2004

Reference No.
10057517

OWNER INFORMATION (Type or Print)

Name

Address

City

GRANDVILLE

State

MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE

Make
PLYMOUTH

Model
VOYAGER

Model Year
1998

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code
140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
21-JAN-2003

Failure Mileage
80000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

The Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

WHEN THE VEHICLE IS STARTED THE AIR BAG LIGHT COMES ON AND STAYS ON. WHEN THIS LIGHT IS ON THE HORN NOR THE CRUISE CONTROL WORK. THE CONSUMER READ AN NHTSA ARTICLE CONCERNING AN INVESTIGATION OF THESE VEHICLES. THE MANUFACTURER AND THE DEALER ARE NOT AWARE OF THE PROBLEM.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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 1367

Date Received

04-FEB-2004

Repository

Reference No.
10057491

OWNER INFORMATION (Type or Print)

Name

Address

City

BALTIMORE

State MD

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4FP25000

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-JAN-2004

Failure Mileage

113000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Cause(s), and Injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VAN'S AIR BAG LIGHTS CONTINUOUSLY STAYS ILLUMINATED. THE LIGHT ONLY GOES OFF WHEN THE VAN IS TURNED OFF. THIS INDICATES A FAILURE IN THE AIR BAG THAT MAY RESULT IN THE BAG NOT DEPLOYING OR DEPLOYING PREMATURELY. THE CAUSE IS YET TO BE DETERMINED. THE DEALERSHIP WILL BE CONTACTED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 100148

Date Received

04-FEB-2004

Repository

Reference No.
10056507

OWNER INFORMATION (Type or Print)

Name

Address

City

VESTAVIA HILLS

State AL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L00

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
18-OCT-98

Dealer's Name and Telephone Number
DON DRENNEN 205-823-5220

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
BIRMINGHAM

State
AL

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-AUG-2003

Failure Mileage
59000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A8AC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIRBAG LIGHT REMAINED ON AND THE CRUISE CONTROL, HORN AND STEERING WHEEL RADIO CONTROLS STOPPED WORKING. I HAD TO REPLACE THE CLOCK-SPRING WHICH WAS A RECALL ITEM ON EARLIER MODELS. I THINK THE 1999 MODELS SHOULD BE ADDED TO THE RECALL LIST. LMB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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Administration

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

04-FEB-2004

Repository

Reference No.
10056490

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN ANGELO

State TX

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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 _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4GT14L24

Make
DODGE

Model
GRAND CARAVAN

Model Year
1999

Date Purchased
09-AUG-02

Dealer's Name and Telephone Number
LAKIS

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
GALESBURG

State
IL

Zip Code
61401

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-JAN-2004

Failure Mileage
60010

Failure Speed
24

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Federal Crash(es), and Injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE STEERING WHEEL IN MY 1999 DODGE GRAND CARAVAN SE STARTED MAKING POPPING NOISES WHENEVER I TURNED THE WHEEL. I BROUGHT THE VEHICLE INTO A CHRYSLER SERVICE CENTER SINCE I HAVE AN EXTENDED WARRANTY ON IT. I WAS TOLD THAT THE CLOCKSPRING HAD GONE BAD AND NEEDED TO BE REPLACED. I WAS ALSO TOLD THAT THIS WAS NOT COVERED UNDER WARRANTY. IT COST ME \$250 TO GET THIS FIXED. I'VE HEARD THERE WAS AN INVESTIGATION ON THIS BEING POSSIBLY A RECALL ITEM. AT THE VERY LEAST, SOMETHING LIKE THIS SHOULD BE COVERED UNDER WARRANTY. I HAVE KEPT THE RECEIPT OF THIS PROBLEM AND WOULD LIKE TO BE NOTIFIED IF I CAN GET SOME FEEDBACK/REIMBURSEMENT FOR THIS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-FEB-2004

Repository

Reference No.
10056390

OWNER INFORMATION (Type or Print)

Name

Address

City

CANTON

State

MI

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44LXV

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased
13-JUL-98

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-FEB-2004

Failure Mileage
90000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY 1998 DODGE CARAVAN HAS A FAILED CLOCKSPrING, WHICH HAS CAUSED THE AIRBAG LIGHT TO STAY ON AND THE HORN AND CRUISE CONTROL TO NOT WORK. I UNDERSTAND THAT MY VAN IS NOT IN THE ORIGINAL RECALL FOR THE CLOCKSPrING BECAUSE OF THE MANUFACTURE DATE, WHICH IS TOO LATE. THE BILL FOR THE REPAIRS IS APPROX \$210.00 (CURRENTLY AT THE DEALSHIP).

PLEASE INCLUDE ALL 1998 CARAVANS IN THE RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

02-FEB-2004

Repository

Reference No.
10056381

OWNER INFORMATION (Type or Print)

Name

Address

City

HUNTINGTON

State

WV

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44180

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

01-APR-01

Dealer's Name and Telephone Number

SOUTH POINT FORD

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

SOUTH POINT

State

OH

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-JAN-2004

Failure Mileage

88990

Failure Speed

35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FAILURE OF HORN AND CRUISE CONTROL ALONG WITH AIR BAG WARNING LIGHT ILLUMINATION, WARNING LIGHT REMAINING ON UNTIL REPAIRED AT DEALERSHIP. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

02-FEB-2004

Repository

Reference No.
10056372

OWNER INFORMATION (Type or Print)

Name

Address

City

ANAHEIM

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
DODGE

Model
CARAVAN

Model Year
1998

Date Purchased

Dealer's Name and Telephone Number
UNION DODGE 714-539-5757

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
GARDEN GROVE

State
CA

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-FEB-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A9BC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

EMERGENCY BRAKES INOPERABLE, AIRBAG LIGHT TURNS ON, HORN DOES NOT WORK, HARD TIME REMOVING KEY FROM IGNITION AND I CAN GO FROM "P" TO "R" OR "D" WITHOUT PRESSING ON THE BRAKES (EVEN IF THERE IS NO KEY IN THE IGNITION). *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100146

Date Received

02-FEB-2004

Repository

Reference No.
10056371

OWNER INFORMATION (Type or Print)

Name

Address

City

TOLEDO

State OH

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GTS4L2W

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1998

Date Purchased

14-FEB-01

Dealer's Name and Telephone Number

YARK CHRYSLER (VALTON) 419-473-1521

Engine

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

TOLEDO

State

OH

Zip Code

42623

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

141D00 AIR BAGS:FRONTAL

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-DEC-2002

Failure Mileage

85000

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT CAME ON, HORN AND CRUISE CONTROL WOULD NOT WORK. WE HAD TO HAVE THE CLOCK SPRING REPLACED. MISSED A RECALL BY 5 DAYS. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

15-JAN-2004

Repository

Reference No.
10054219

OWNER INFORMATION (Type or Print)

Name

Address

City

MODESTO

State

CA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date: 1/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2BMP2585

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-DEC-2003

Failure Mileage

89000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAVE A 1999 DODGE CARAVAN. THE AIRBAG LIGHT IS ON AND MY HORN HAS STOPPED WORKING. I AM AWARE OF A INVESTIGATION OF DRIVER SIDE AIRBAGS IN 1996-2000 MODEL YEARS OF THIS VEHICLE, BUT THE DEALER SAID THIS WAS NOT A RECALL FOR MY MODEL YEAR. A MEMBER OF MY FAMILY HAS A 1997 MODEL, AND IT IS A RECALL FOR THEIR VEHICLE. *CB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100149

Date Received

14-JAN-2004

Repository

Reference No.
10053154

OWNER INFORMATION (Type or Print)

Name

Address

City

CHICAGO RIDGE

State

IL

Zip Code

60415

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP14L2W

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
02-JUL-98

Dealer's Name and Telephone Number
ED NAPLETON DODGE 708-636-5800

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
OAK LAWN

State
IL

Zip Code
60453

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-DEC-2003

Failure Mileage
94850

Failure Speed
35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WE WERE DRIVING OUR CARAVAN AND HAD TO USE THE HORN. ONCE I PRESSED THE PAD FOR THE HORN, THE AIR BAG LIGHT CAME ON, THE HORN DID NOT BLOW AND THEN I DETERMINED THAT THE CRUISE CONTROL WAS NOT WORKING. BEFORE DOING ANY RESEARCH I HAD THE REPAIRS COMPLETED AT THE DEALER. IT WAS A DEFECTIVE CLOCK SPRING AND THE COST TO REPLACE IT CAME TO \$269.01. I THEN CAME TO THIS SITE AND FOUND DOZENS OF OTHER COMPLAINTS EXACTLY LIKE MINE. I WOULD LIST EVERYONE I FOUND BUT I'M SURE YOU CAN LOOK THEM UP FASTER THAN I COULD TYPE THE ID NUMBERS. I ALSO FOUND A RECALL CAMPAIGN ID NUMBER 02V293000 ON YOUR SITE. I ASKED THE DEALER ABOUT THIS AND THEY CLAIM OUR CARAVAN IS NOT INCLUDED IN THAT RECALL. I FIND THIS HARD TO BELIEVE SINCE THEY ADMIT THEY ARE DEFECTIVE IN THE RECALL SO WHY ISNT OURS COVERED UNDER IT?AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 100148

Date Received

13-JAN-2004

Repository

Reference No.
10053088

OWNER INFORMATION (Type or Print)

Name

Address

City

OXNARD

State CA

Zip Code 93030

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44R2

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
15-AUG-01

Dealer's Name and Telephone Number
CROWN DODGE

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
VENTURA

State
CA

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 14

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-JAN-2004

Failure Mileage
62130

Failure Speed
60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Police(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG WARNING LIGHT CONSTANTLY ON AND LED TO HORN FAILURE. ALMOST RESULTED IN ACCIDENT(S) WHEN WE ARE UNABLE TO SOUND HORN WHEN OTHER UNSAFE DRIVER(S) MANUEVER IN A MANNER WHICH WOULD CAUSE COLLISION WITH US.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 100148

Date Received

05-JAN-2004

Repository

Reference No.
10052430

OWNER INFORMATION (Type or Print)

Name

Address

City

LAS VEGAS

State

NV

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
14-JAN-00

Dealer's Name and Telephone Number

Engine:
No. Cylinders 5

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code

341100 AIR BAGS:FRONTAL-SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-JAN-2004

Failure Mileage
100000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC135)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if not part is available).

I HAVE A 1999 PLYMOUTH GRAND VOYAGER THAT IS EXPERIENCING A PROBLEM WITH THE CLOCKSWITCH (HORN, CRUISE CONTROL NOT WORKING, AIRBAG LIGHT ON). I CALLED THE RECALL LINE WITH CHRYSLER AND THEY SAID MY VAN WAS NOT COVERED ON THE RECALL ONLY 1996-1998. I NOTICED WHEN THE INVESTIGATION WAS TAKING PLACE ALL VEHICLES FROM 1996-2000 WERE BEING LOOKED AT. I THINK CHRYSLER SHOULD FIX THE PROBLEM WITH MY CLOCKSWITCH FOR FREE BECAUSE THIS IS A SAFETY DEFECT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100148

Date Received: 27-DEC-2003
Repository:
Reference No.: 10051169

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LUCEDALE State: MS Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

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: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____
Make: PLYMOUTH Model: GRAND VOYAGER Model Year: 1999
Date Purchased: 30-OCT-01 Dealer's Name and Telephone Number: PALMERS AIRPORT TOYOTA Engine: No. Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: MOBILE State: AL Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: _____ Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-DEC-2003 Failure Mileage: 67000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: G07MA19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

HEAD GASKET WAS FOUND TO BE LEAKING COOLANT. DEALERSHIP ESTIMATED 900.00 PLUS THE COST OF PARTS. MY HUSBAND THEN DECIDED TO BUY THE KIT FROM THEM FOR 109.00 AND PROCEED TO REPAIR IT HIMSELF. AFTER SITTING FOR 9 DAYS IT IS ALMOST FINISHED. THIS VAN ONLY HAS 67,000 MILES. THE CLOCK SPRING WAS ALSO REPLACED EARLIER IN THE YEAR AS IT STOPPED WORKING CAUSING THE AIRBAG LIGHT TO STAY ON, THE HORN NOT TO WORK, AND THE CRUISE CONTROL NOT TO WORK.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 100148

Date Received

23-DEC-2003

Repository

Reference No.
10051030

OWNER INFORMATION (Type or Print)

Name

Address

City

ROBINS AFB

State GA

Zip Code 31058

Daytime Telephone Number

E-mail Address

Number

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

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44GB

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
15-MAR-00

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-DEC-2003

Failure Mileage
87202

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes

No

Fire

Yes

No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

1999 DODGE GRAND CARAVAN STARTED TO HAVE INTERMITTANT 'AIRBAG' LIGHT ILLUMINATED IN TURNS. WITHIN A DAY, THE LIGHT STAYED ON STEADY AND THE HORN AND SPEED CONTROL STOPPED WORKING. I UNDERSTAND THAT THERE WAS A RECALL UP THROUGH THE 1998 MODELS AND THEN THE CLOCKSPRING ASSEMBLY WAS REPLACED WITH A NEWER MODEL. IT SEEMS THAT THE 'NEW' CLOCKSPRING IS ALSO DEFECTIVE AND I BELIEVE THAT THE 1999 AND LATER MODEL MINIVANS NEED TO BE INCLUDED IN THE PREVIOUS RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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-BASH-2-DOY
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

18-DEC-2003

Repository

Reference No.
10050697

OWNER INFORMATION (Type or Print)

Name

Address

City

GEORGETOWN

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP44RZ

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
05-MAY-99

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-AUG-2003

Failure Mileage
52000

Failure Speed
60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABCD36)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE SUBJECT VEHICLE HAS HAD A FAILURE OF THE CLOCK SPRING MECHANISM. THIS HAS RESULTED IN THE AIR BAG DEPLOYMENT (ALONG WITH CRUISE CONTROL AND HORN) BEING NON FUNCTIONAL. CHRYSLER HAS ADMITTED THIS PROBLEM EXISTS WITH 1996-1998 VEHICLES BUT WILL NOT FIX 1999 VEHICLES. YOUR WEB SITE EXHIBITS NUMEROUS INSTANCE OF THIS FAILURE ON 1999 VEHICLES. HOW DO I GO ABOUT GETTING A KNOWN PROBLEM WITH THIS FAILURE TO BE ACKNOWLEDGED AND FIXED BY CHRYSLER? I CONSIDER THIS A SERIOUS SAFETY ISSUE THAT SHOULD BE TAKEN CARE OF BY CHRYSLER REGARDLESS OF AUTO MILEAGE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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Administration

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Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-1-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

19-NOV-2009

Repository Reference No.
10048251

OWNER INFORMATION (Type or Print)

Name

Address

City

MALAKOFF

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP2563X

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM13ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT CAME ON AND STAYS ON WHILE THE VEHICLE IS BEING DRIVEN. THE SPEED CONTROL, HORN ASSEMBLY AND HEAT SYSTEM FAIL TO OPERATE. THE VEHICLE WAS SERVICED AND THE CLOCK SPRING NEEDED REPLACEMENT. VEHICLE VIN DID NOT COMPLY WITH RECALL. PLEASE PROVIDE FURTHER INFORMATION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Received. Check w/ dealer for old parts.



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 100148

Date Received

Repository

17-NOV-2003

Reference No.
10047049

OWNER INFORMATION (Type or Print)

Name

Address

City

CHINO HILLS

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP44R7X

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
15-APR-00

Dealer's Name and Telephone Number

Engines:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

05-OCT-2003

Failure Mileage

72005

Failure Speed

30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; key parts repaired or replaced (and if old part is available).

1999 PLYMOUTH GRAND VOYAGER SE - AIRBAG LIGHT CAME ON AT 72000 MILES. I FOUND THAT DAIMLER-CHRYSLER HAD A SAFETY RECALL ON 1996-1998 PLYMOUTH VANS BECAUSE THE CLOCKSPRING WAS NOT INSTALLED PROPERLY IN THE STEERING COLUMN, CAUSING THE AIRBAG TO BECOME INOPERABLE, THE HORN AND CRUISE CONTROL TO ALSO STOP WORKING. I FOUND ON A PLYMOUTH FORUM THAT MANY OTHER 1999 VAN OWNERS HAVE HAD THE SAME PROBLEMS. WHEN I CALLED CHRYSLER, THEY SAID THE RECALL DID NOT COVER THE 1999 VAN AND THAT THEY WOULD NOT EXTEND THE SAFETY RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 10092

Date Received

13-SEP-2003

Repository

Reference No.
1004001

OWNER INFORMATION (Type or Print)

Name

Address

City

COLUMBUS

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4FP25D6M

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

19-APR-03

Dealer's Name and Telephone Number

SPITZER COLUMBUS

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

COLUMBUS

State

OH

Zip Code

43213

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-AUG-2003

Failure Mileage

56185

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE'S AIR BAG LIGHT INDICATOR IS ON AND THE HORN IS INOPERATIVE. *MR. THE CONSUMER FOUND THAT THE AIRBAG ON THE 98' MINIVANS WERE THE SAME AS THIS VEHICLE AND THE PREVIOUS YEARS WERE RECALLED. *SCC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS, IF NECESSARY.

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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 1368

Date Received

01-AUG-2003

Repository

Reference No.
10027295

OWNER INFORMATION (Type or Print)

Name

Address

City

RICHMOND

State VA

Zip Code

Daytime Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

ZP4GP2435

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
01-APR-99

Dealer's Name and Telephone Number
WHITTEN BROS.

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
RICHMOND

State
VA

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)
08-JUL-2003

Failure Mileage
78400

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL5ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure(s), (2) failure and its consequences, and (3) what was done to correct the failure, parts repaired or replaced (and if old part is available).

CONSUMER STATED THE CLOCK SPRING FAILED, WHICH CAUSED THE AIR BAG LIGHT TO COME ON. DEALER NOTIFIED. *AK *TS *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100148

Date Received

Repository

23-JUL-2003

Reference No.
10028970

OWNER INFORMATION (Type or Print)

Name

Address

City

CINCINNATI

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GP44R4

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
30-NOV-00

Dealer's Name and Telephone Number

Engine
No; Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
21-JUL-2003

Failure Message
74250

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if part is available).

CLOCKSPRING - AIRBAG LIGHT STAYS ON HORN DOESN'T WORK AND CRUISE CONTROL DOESN'T WORK. THIS YEAR SHOULD BE INCLUDED IN THE RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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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 100148

Date Received

13-JUN-2003

Repository

Reference No.
10022995

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN BRUNO

State CA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

10-JAN-03

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-MAR-2003

Failure Mileage

77354

Failure Speed

30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM13ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. List parts repaired or replaced (and if old part is available).

AIR BAG LIGHT ON - CRUISE AND HORN INOPERATIVE. DEALER SAYS REPAIR CLOCK SPRING - \$225. THIS IS A FACTORY DEFECT. *NEM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 100148

Data Received	Repository <input type="checkbox"/>
20-JUN-2003	Reference No. 10023469

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	CHULA VISTA	State	CA	Zip Code	[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 _____ Date 6/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1C4GP54L5[REDACTED]	Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 1999
Date Purchased 30-DEC-99	Dealer's Name and Telephone Number		Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 140000 AIR BAGS
			Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JUN-2003	Failure Mileage 81000	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4SABC136)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

CHECK AIRBAG LIGHT ILLUMINATED WHEN DRIVING. HORN, CRUISE CONTROL AND RADIO CONTROL ON STEERING WHEEL DO NOT WORK. MECHANIC IDENTIFIED DEFECTIVE CLOCK SPRING ASSY. SAID IT WAS A RECALL ITEM. DEALER SAID RECALL ONLY APPLIED TO 1996-1998 MODEL YEARS, NOT MINE WHICH WAS 1999. SAME CLOCK SPRING ASSY AS RECALL. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



U.S. Department
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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 120

Date Received

26-JUN-2003

Repository

Reference No.
10021654

OWNER INFORMATION (Type or Print)

Name

Address

City

OCEANSIDE

State NY

Zip Code 11572

Daytime Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4GH4535F

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased
15-MAR-03

Dealer's Name and Telephone Number
BORN AGAIN AUTO SALES

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
MERRICK

State
NY

Zip Code
11566

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DDTMALBABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT CAME ON AND DID NOT GO OFF. THE HORN WAS INOPERATIVE SINCE THE AIR BAG LIGHT CAME ON. THE CHECK ENGINE LIGHT ALSO ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER, AND THE CONSUMER WAS TOLD THEY WERE HAVING A LOT OF PROBLEMS WITH THE SAME VEHICLE. *NLM,...*AK DRIVER'S SIDE DOOR LIGHT SWITCH DID NOT WORK, THE SWITCH HAD TO JIGGLED FOR THE LIGHT TO COME ON. *TT *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

25-JUL-2003

Repository

Reference No.
10018140

OWNER INFORMATION (Type or Print)

Name

Address

City

WILMINGTON

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1C4GP54L0X

Make
CHRYSLER

Model
TOWN AND COUNTRY

Model Year
1999

Date Purchased
01-OCT-98

Dealer's Name and Telephone Number
NEILL WORTH MOTORS

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
WILMINGTON

State
NC

Zip Code
28412

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-FEB-2002

Failure Mileage
80000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example DOTPA19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. (e.g., parts repaired or replaced (and if old part is available)).

THE VEHICLE'S CRUISE CONTROL AND HORN WERE INOPERATIVE. THE DEALER STATED THE PROBLEM WAS THE CLOCK SPRING. THE VEHICLE VIN WAS NOT INCLUDED IN THE RECALL. *CB *MLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation
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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 100148

Date Received

15-MAY-2003

Repository

Reference No.
10018771

OWNER INFORMATION (Type or Print)

Name

Address

City

OCEANSIDE

State CA

Zip Code 92056

Daytime Telephone Number

E-mail Address

Fax Number

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 _____ Date 5/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4FP25840

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

25-MAR-03

Dealer's Name and Telephone Number

Engine

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-MAY-2003

Failure Mileage

91,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I PURCHASED A USED 1999 PLYMOUTH VOYAGER. WHEN I TOOK IT TO A DEALER IN CARLSBAD, CA. BOB BAKER, I ASKED ABOUT TWO PROBLEMS I HAVE WITH IT. THE HORN DOESNT HONK, AND THE AIR BAY LIGHT STAYS ON ALL THE TIME. I WAS TOLD THEY'D BE FIXED FREE. WHEN THEY CALLED REGARDING OTHER REPAIRS, THEY SAID THE ITEMS WOULDN'T BE FIXED FREE, THAT MY PARTICULAR 1999 PLYMOUTH VOYAGER WASN'T INCLUDED IN A RECALL. I OBJECTED AND ALSO FOUND THE REPAIR COSTS EXPENSIVE FOR ME, AND I WAS TOLD TO GO AHEAD AND PAY TO HAVE IT FIXED, THAT "THERE WILL BE A RECALL COMING UP AND WHEN IT DOES I CAN SHOW THE RECEIPTS AND GET A REFUND." WHY ARE SOME 1999 INCLUDED AND OTHERS NOT, WHEN THEY HAVE THE SAME PROBLEMS OTHERS ARE FIXED FOR UNDER RECALL? ALSO THE LOW FUEL BELL RINGS AFTER YOU FILL THE TANK UNTIL THE TANK LEVEL GETS DOWN TO ABOUT 3/4 TANK (IT DOES RING WHEN THE FUEL IS LOW, TOO). I WANT MY HORN FIXED, IT'S AN IMPORTANT SAFETY FEATURE. ALSO THE LIGHT "SERVICE ENGINE SOON" CAME ON, AND I JUST HAD A TUNE UP, ETC. I TOOK THE VEHICLE IN TO A REPAIR SHOP BECAUSE THE DEALERSHIP COSTS SO MUCH AND IT COST ME \$58.00 TO FIND OUT THAT THE GAS CAP WASN'T SEALING PROPERLY. THE NEW CAP I BOUGHT IS IMPRINTED WITH INFORMATION ABOUT IT HAVING TO BE PLACED ON PROPERLY. THIS NEW CAP I BELIEVE IS IMPRINTED THIS WAY BECAUSE OF A PROBLEM THAT CAME UP. I AM DISGUSTED AND "BROKE" AFTER HAVING TO PAY FOR SUCH A DIAGNOSIS AND THEN 15.65 FOR THE NEW CAP. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

Not yet repaired as of Nov. 20.



U.S. Department
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National Highway
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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 1368

Date Received

23-APR-2003

Repository

Reference No.
10017421

OWNER INFORMATION (Type or Print)

Name: [REDACTED] No such person
Address: [REDACTED]
City: SUMMERVILLE State: SC Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

Email Address

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: _____ Date: 4/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4GP44G3[REDACTED] Make: DODGE Model: CARAVAN Model Year: 1999
Date Purchased: 23-DEC-99 Dealer's Name and Telephone Number: CHOICE RENTAL CAR SALES Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: COLUMBIA State: SC Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 140000 AIR BAGS Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-APR-2003 Failure Mileage: 147100 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DDTMALSABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING THE AIR BAG LIGHT ILLUMINATED. THE CONSUMER WAS CONCERNED THAT IN THE EVENT OF AN ACCIDENT THE AIR BAGS WOULD NOT DEPLOY. *NLM* THE HORN AND CRUISE HAD BECOME INOPERATIVE, AND THE CLOCKSPRING WAS FAULTY AND WAS REPLACED. *SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.



U.S. Department
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National Highway
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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 3367

Date Received

10-JUL-2003

Repository

Reference No.
10015569

OWNER INFORMATION (Type or Print)

Name

Address

City

ALBUQUERQUE

State NM

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP14G0

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

01-AUG-01

Dealer's Name and Telephone Number

BIG I DODGE

Engine

No: Cylinders 6

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-APR-2003

Failure Mileage

55000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DDTMALSABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes

No

Fire

Yes

No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. If parts repaired or replaced (and if old part is available).

THE VEHICLE EXPERIENCED THE SAME DEFECT WITH THE CLOCK SPRING AS STATED IN RECALL NUMBER Q2V 293 000 BUT THE MODEL YEAR AND VEHICLE IDENTIFICATION NUMBER WERE NOT INCLUDED. *HLM AN ELECTRICAL SHORT STARTED AND WAS REPLACED PER MECHANIC. THE HORN STOPPED WORKING DUE TO THE AIR BAG. THE CONSUMER WAS INFORMED THE SAME PART MALFUNCTIONED IN THE 1996, 97, AND 98 DODGE CARAVANS. *9CC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 231

Date Received

10-APR-2003

Repository

Reference No.
10015632

OWNER INFORMATION (Type or Print)

Name

Address

City

FISHKILL

State NY

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

/

/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L4

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

141000 AIR BAGS: FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

60,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL9A6C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if part is available).

THE OWNER NOTICED THE AIR BAG WARNING LIGHT ILLUMINATED AND THE HORN MALFUNCTIONED, THE DEALERSHIP REPLACED THE CLOCK SPRING, WHICH WAS RECALLED, HOWEVER THE CONSUMER'S VEHICLE IDENTIFICATION NUMBER DID NOT APPLY. RECALL #02V253000. *JB THE CRUISE CONTROL AND THE RADIO CONTROL WERE ALSO AFFECTED BY THE CLOCKSPRING, WHICH WAS RECALLED ON THE 1996-98 TOWN AND COUNTRY VEHICLES. SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration as an independent agency of the United States Department of Transportation. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



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 335

Date Received

04-MAR-2003

Repository

Reference No.
10009826

OWNER INFORMATION (Type or Print)

Name

Address

City

FILER CITY

State NC

Zip Code

Daytime Telephone Number

Home Number

E-mail Address

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L5

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
01-JAN-02

Dealer's Name and Telephone Number
STEWART BOWMAN 336 626 1528

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
ASHEBORO

State
NC

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code

141000 AIR BAGS: FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE AIRBAG LIGHT ILLUMINATED WHILE DRIVING. NOW THE CRUISE CONTROL, RADIO, HORN AND THE FUNCTIONS ON THE STEERING WHEEL ARE INOPERATIVE. THE CAUSE OF THIS PROBLEM IS UNKNOWN. *NHTSA THE MECHANIC STATED THAT THE CLOCKSPRING WAS BAD. THE WAS A RECALL FOR THE 1996-99 MODELS. THE CONSUMER FOUND THAT SIX OTHER SAME MAKE/MODELS HAVE EXPERIENCED THE SAME PROBLEM WITH THE 99 MODEL AND FELT THAT THIS MODEL SHOULD BE INCLUDED IN THE RECALL. RECALL#02V293000 SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 100148

Date Received

08-MAR-2003

Repository

Reference No.

10010142

OWNER INFORMATION (Type or Print)

Name

Address

City

GARNER

State

NC

Zip Code

Daytime Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP64L3X

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased

20-JUN-98

Dealer's Name and Telephone Number

DAVID O'NEAL AUTO-GROUP 919 872-5500

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

RALEIGH

State

NC

Zip Code

27619-7628

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-MAR-2003

Failure Mileage

49013

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes

No

Fire

Yes

No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

PROBLEMS WITH THE CLOCK-SPRING (CRUISE CONTROL, HORN, REMOTE RADIO CONTROLS, AIR BAG WARNING LIGHT) PREVIOUS PROBLEM WITH HYDRAULIC BRAKE MASTER CYLINDER. REPLACED ON 1/14/03 [64,100]. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

19-MAR-2003

Repository

Reference No.
10010734

OWNER INFORMATION (Type or Print)

Name

Address

City

AUBURNDALE

State FL

Zip Code

Daytime Telephone Number

E-mail Address

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1999

Date Purchased
20-JUL-00

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-MAR-2003

Failure Mileage
90300

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC1234)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT IS ON AND HAS CAUSED THE HORN AND CRUISE CONTROL TO BE INOPERATIVE. THERE WAS A RECALL REGARDING A DEFECTIVE CLOCK SPRING. HOWEVER MY VEHICLE WAS NOT INCLUDED IN THIS RECALL. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



U.S. Department
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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 100148

Date Received

20-MAR-2003

Repository

Reference No.
10010811

OWNER INFORMATION (Type or Print)

Name

Address

City

OKLA CITY

State OK

Zip Code

Daytime Telephone Number

Email Address

Evening Telephone Number
SAME

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C4GP54L8

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
31-DEC-02

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
21-FEB-2003

Failure Mileage
69000

Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIRBAG LIGHT STAYS ON AND THE HORN DOESNT WORK. I OWN A 1999 CHRYSLER TOWN AND COUNTRY LXI VAN *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 - Public Law 93-502 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.



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
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

18-MAR-2003

Repository

Reference No.
10011952

OWNER INFORMATION (Type or Print)

Name

Address

City

NASHUA

State

NH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP54RZ

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-FEB-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC096)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

CONSUMER INDICATED THAT THEIR VEHICLE'S AIR BAG CLOCKSPRING IS EXPERIENCING THE SAME DEFECT AS STATED IN RECALL NUMBER 02 V 293 000, BUT VEHICLE'S VIN NUMBER IS NOT INCLUDED. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.



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 100148

Date Received

20-FEB-2003

Repository

Reference No.
10007853

OWNER INFORMATION (Type or Print)

Name

Address

City

MATTAWAN

State

MI

Zip Code

Daytime Telephone Number

Email Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1C4GP64L00

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1999

Date Purchased
01-SEP-01

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141100 AIR BAGS:FRONTAL;SENSOR/CONTROL MODULE

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-DEC-2002

Failure Mileage
50000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: 60THAL3ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

HORN HAS STOPPED WORKING, CHECK ENGINE LIGHT STAYS LIT, AIRBAG LIGHT KEEPS COMING ON AT LEAST ONCE A WEEK AND CHIMES. DEALERSHIP BELIEVES FROM THE DESCRIPTION THAT IT MAY BE THE CLOCKSPRING EXCEPT THAT MY CRUISE CONTROL STILL WORKS. VEHICLE FROM 1996-1998 HAS BEEN RECALLED FOR THE CLOCKSPRING. PLEASE BE ADVISED THAT THE SAME PROBLEMS THAT CAUSED THAT RECALL ARE SHOWING UP ON 1999 MODELS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1976 (Public Law 94-576) 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.



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 1367

Date Received

20-FEB-2003

Repository

Reference No.
10008913

OWNER INFORMATION (Type or Print)

Name

Address

City

STATEN ISLAND

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Area Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44R4S

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased

31-MAY-99

Dealer's Name and Telephone Number

BAYSIDE DODGE

Engine

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

BAYSIDE

State

NY

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

06-FEB-2003

Failure Mileage

48500

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL5ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation Systems

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE EXPERIENCED A PROBLEM WITH THE AIR BAG, THERE WAS A RECALL REGARDING THE ISSUE, # 02 V 293 000, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. *1B *SCC

Include, if available: Police/Fire Department Reports, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100145

Date Received

23-JAN-2003

Repository

Reference No.
10004523

OWNER INFORMATION (Type or Print)

Name

Address

City

BARTLESVILLE

State OK

Zip Code

Daytime Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
9999

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
01-DEC-01

Dealer's Name and Telephone Number
MARK ROBERTS INC. 918 333 5400

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City
BARTLESVILLE

State
OK

Zip Code
74006

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-JAN-2003

Failure Mileage
54983

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER STATED, THAT THE AIRBAG SENSOR LIGHT CONTINUED TO STAY ON, HORN AND CRUISE CONTROL HAD BECOME INOPERATIVE. THE DEALER WAS NOTIFIED. TS SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 2004 (Public Law 108-477) 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.



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
(1-888-327-4296)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

22-JAN-2003

Repository

Reference No.
10003174

OWNER INFORMATION (Type or Print)

Name

Address

City

WARRENTON

State VA

Zip Code

Daytime Telephone Number

E-mail Address

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

Date

1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4GP44G0

Make
DODGE

Model
GRAND CARAVAN

Model Year
1999

Date Purchased
01-OCT-98

Dealer's Name and Telephone Number

Engine
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-DEC-2002

Failure Mileage
44422

Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash
 Yes No

Fire
 Yes No

Number of Persons Injured
0

Number of Deaths
0

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure
i.e., parts repaired or replaced (and if old part is available).

AIR BAG LIGHT COMES ON INTERMITTENTLY. DEALER REPLACED CLOCK SPRING COD. PROBLEM APPEARS TO BE SAME AS NHTSA RECALL
02V293000 FOR 1997 & 1998 CHRYSLER/DODGE VEHICLES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

Called.
Do not have
old unit.



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 1368

Date Received

23-DEC-2002

Repository

Reference No.
10001414

OWNER INFORMATION (Type or Print)

Name

Address

City

YOUNGSTOWN

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE

Make
DODGE

Model
CARAVAN

Model Year
1999

Date Purchased
03-NOV-98

Dealer's Name and Telephone Number
FREDERICK DODGE

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
YOUNGSTOWN

State
OH

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-DEC-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL9A8C036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED, WHICH CAUSED THE HORN AND CRUISE CONTROL NOT TO WORK. TS THE DEALER REPLACED THE CLOCKSPRING.*1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Not filled



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 100148

Date Received

Repository

02-JAN-2003

Reference No.
10000685

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN MARINO

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1C4GP54L3

Make
CHRYSLER

Model
TOWN AND COUNTRY

Model Year
1999

Date Purchased
08-FEB-99

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-DEC-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT ON. HORN AND CRUISE CONTROL INOPERATIVE. THE CLOCKSPRING ASSEMBLY THAT CONNECTS THE STEERING WHEEL MOUNTED ELECTRICAL COMPONENTS TO THE ELECTRICAL SYSTEM SEEMS TO HAVE LOST THE ELECTRICAL CONNECTION TO THOSE COMPONENTS.

THERE IS A RECALL FOR THIS PROBLEM FOR CHRYSLER MINIVANS FROM 1996-1998. WE HAVE A 1999 TOWN-AND-COUNTRY AND IT ALSO HAS THE SAME PROBLEM. I WOULD LIKE TO ASK YOU TO INCLUDE 1999 MODELS IN THIS RECALL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 100148

Date Received

18-DEC-2002

Repository

Reference No.
10000214

OWNER INFORMATION (Type or Print)

Name

Address

City

HUBERT

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2B4GP44G7

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
27-FEB-99

Dealer's Name and Telephone Number
NATIONAL DODGE 9103473777

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
JACKSONVILLE

State
NC

Zip Code
28546

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
141000 AIR BAGS:FRONTAL

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
17-DEC-2002

Failure Mileage
80000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT14ALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. i.e., parts repaired or replaced (and if old part is available).

SOME TIME WITHIN THE PAST TWO WEEKS, THE AIR BAG LIGHT ON THE INSTRUMENT PANEL LIT UP. THE MECHANIC WHO USUALLY WORKS ON OUR VAN (NOT AT THE DEALERSHIP) INFORMED US THAT THERE WAS A "TECHNICAL SERVICE BULLETIN" CONCERNING THE "CLOCK SPRING." I TOOK THE VAN TO THE DEALER TO HAVE THE AIR BAG CHECKED, & SHOWED THE SERVICE TECHNICIAN THE SERVICE BULLETIN. THE CLOCK SPRING WAS, IN FACT, DEFECTIVE. WE OWN A 1999 DODGE GRAND CARAVAN.

Include, if available: Police/Fire Department Report, Photos, and Repair Tickets.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.



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 100148

Date Received

20-NOV-2003

Repository Reference No.
10047280

OWNER INFORMATION (Type or Print)

Name

Address

City

WAUKESHA

State WI

Zip Code 53186

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44G3X

Make

DODGE

Model

GRAND CARAVAN

Model Year

1999

Date Purchased
06-NOV-03Dealer's Name and Telephone Number
AUTO HOUSE ON MAIN 262-574-1470Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
WAUKESHAState
WIZip Code
53186Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
FRONT WHEEL DRIVE

Vehicle Component Code

141100 AIR BAGS:FRONTAL-SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-NOV-2003Failure Mileage
83,000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAVE A 1999 DODGE GRAND CARAVAN WITH THE 'AIR BAG' LIGHT ON. I HAVE BEEN TOLD THAT I NEED THE 'CLOCK SPRING' REPLACED. THERE WAS A RECALL ON THIS ISSUE WITH DODGE IN 1998 AND 1999. I WILL SEND FEEDBACK TO YOU WHEN I GET THIS FIXED. I ALSO WILL KEEP THE PART THAT IS REPLACED. MANY THANKS JOHN BOUSMAN

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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-DOE
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received
09-SEP-2002

Repository
Reference No.
8018166

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GREENVIEW State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]

E-mail Address: [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: _____ Date: 9/1/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTEX14H35 [REDACTED]
Make: CHRYSLER Model: TOWN AND COUNTRY Model Year: 1999
Date Purchased: 03-MAY-02 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No: _____ Cylinders: _____ Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: FRONT WHEEL DRIVE
 Cruise Control Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 29-JUL-2002 Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM15A8C036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIR BAG SENSOR LIGHT COMES ON AND STAYS ON. THIS CAN CAUSE THE AIR BAG NOT TO DEPLOY IN AN ACCIDENT OR TO DEPLOY PERMANURELY. *AK THE CONSUMER STATES THAT IF SHE ADJUSTS THE STEERING WHEEL IT WILL GO OUT. FORD DEALER SUGGESTS THAT IT IS A MANUFACTURER DEFECT. *SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1058

Date Received

28-AUG-2001

Repository

Reference No.
895298

OWNER INFORMATION (Type or Print)

Name

Address

City

BELCAMP

State MD

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44G1

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
01-APR-99

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-JUL-2001

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC0386)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CLOCK SPRING ASSEMBLY WAS REPLACED IN JULY 2000, AT THIS TIME, AIRBAG LIGHT IS ON. *AK DEALER REPLACED CLOCK SPRING ASSEMBLY AGAIN ON 14-AUG-2001 WITH 80533 MILES. SERPENTINE BELT AND TENSIONER REPLACED, IT WAS CAUSING NOISE. *SLC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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



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 1058

Date Received

31-JAN-2002

Repository

Reference No.
8003356

OWNER INFORMATION (Type or Print)

Name

Address

City

DULSON

State LA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2P4FP250AX

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

01-FEB-99

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Powertrain

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-JAN-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC136)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

AIRBAG LIGHT REMAINS ILLUMINATED ON DASHBOARD INTERMITTENTLY. DEALER HAS BEEN CONTACTED. *AK. CONSUMER STATES THAT WHILE DRIVING 5-10 MILES, AIRBAG LIGHT COMES AND GOES SEVERAL TIMES. *YD

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1368

Date Received

23-DEC-2002

Repository

Reference No.
10001414

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City YOUNGSTOWN

State OH

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

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 _____

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
PLEASE PROVIDE

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased
03-NOV-98

Dealer's Name and Telephone Number
FREDERICK DODGE

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City
YOUNGSTOWN

State
OH

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
140000 AIR BAGS

Multiple Failure: 3

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)
03-DEC-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC035)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation Systems

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED, WHICH CAUSED THE HORN AND CRUISE CONTROL NOT TO WORK. TS THE DEALER REPLACED THE CLOCKSPRING.*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.



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 1368

Date Received

25-NOV-2002

Repository

Reference No.
0023279

OWNER INFORMATION (Type or Print)

Name

Address

City

COVINA

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

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

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE PROVIDE

Make

PLYMOUTH

Model

VOYAGER

Model Year

1999

Date Purchased

01-AUG-01

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-NOV-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT1ALBABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s).
e.g. parts repaired or replaced (and if old part is available).

THE AIRBAG ILLUMINATED, WHICH CAUSED THE HORN AND CRUISE CONTROL TO NOT TO WORK, ALSO THE FUEL SENSOR WAS DEFECTIVE WHICH CAUSED THE VEHICLE TO RUN OUT OF GAS. TS *JD

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 1374

Date Received

18-MAR-2003

Repository

Reference No.
10012007

OWNER INFORMATION (Type or Print)

Name

Address

City

HILTON HEAD

State SC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE CLOCK SPRING WAS DEFECTIVE AND CAUSED THE HORN AND AIR BAG TO BE INOPERATIVE. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
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To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received: 15-AUG-2003
Repository:
Reference No.: 10027033

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: NEW CASTLE State: IN Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

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: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2B46PM4G7A [Redacted]
Make: DODGE Model: CARAVAN Model Year: 1999
Date Purchased: 01-MAY-01 Dealer's Name and Telephone Number: DC HART
Original Owner: Dealer's City: NEW CASTLE State: IN Zip Code: 47362
Engine: No: Cylinders: Fuel Type: Gas
Transmission Type: AUTOMATIC Anti-lock Brakes Powertrain: Vehicle Component Code: 141000 AIR BAGS:FRONTAL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-OCT-2002 Failure Mileage: 135000 Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM13ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER STATED THE HORN WAS INOPERATIVE, DUE TO A FAILED CLOCK SPRING. *AK *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices: **ATTACH ADDITIONAL SHEETS IF NECESSARY**

The Privacy Act of 1976 (Public Law 94-279) 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

21-NOV-2003

Repository

Reference No.
10048458

OWNER INFORMATION (Type or Print)

Name

Address

City

KANSAS CITY

State

KS

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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

Date 11/21/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

CARAVAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-NOV-2003

Failure Mileage

75000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC098)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

NHTSA# (2V293000): ON CERTAIN MINI VANS, THE CLOCKSPrING ASSEMBLY MAY HAVE BEEN WOUND INCORRECTLY DURING THE VEHICLE ASSEMBLY PROCESS. CONSUMER HAS THE SAME PROBLEM. DEALER STATED SORRY THIS RECALL IS ONLY FOR 96 TO 98.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Handwritten signature/initials



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 479

Date Received

30-MAR-2001

Repository

Reference No.
884661

OWNER INFORMATION (Type or Print)

Name

Address

City

PORT DEPOSIT

State MD

Zip Code

Daytime Telephone Number

E-mail Address

Emergency Number

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 _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1P4GP44G8W

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1998

Date Purchased
01-JUL-98

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

23-MAR-2001

Failure Mileage

Failure Speed

65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTHALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

The Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING AT 65 MPH CRUISE CONTROL AND HORN STOPPED WORKING, CONSUMER NOT SURE ABOUT AIRBAG LIGHT. DEALER REPLACED CLOCK SPRING ASSEMBLY. *AK *SLC

Include, if available: Police/Fire Department Report, Photos, and Receipt Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.



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FOR AGENCY USE ONLY 1375

Date Received

26-JUN-2003

Repository

Reference No.
10017901

OWNER INFORMATION (Type or Print)

Name

Address

City

CASEVILLE

State IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date 6/26/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4GP44G8V

Make

DODGE

Model

GRAND CARAVAN

Model Year

1998

Date Purchased
01-JUN-98

Dealer's Name and Telephone Number
KING DODGE INC. 314-481-1827

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
SAINT LOUIS

State
MO

Zip Code
63139

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage
52000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIR BAG LIGHT ILLUMINATED, WHICH CAUSED THE HORN AND CRUISE CONTROL TO BE INOPERATIVE. THE DEALER STATED THE CLOCK SPRING FAILED. RELATED RECALL 02V293000, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED IN THE RECALL. *JB *TS *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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FOR AGENCY USE ONLY 100148

Date Received

04-APR-2003

Repository

Reference No.
10013962

OWNER INFORMATION (Type or Print)

Name

Address

City

PEACHTREE CITY

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 4 / 1 / 2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P4GP44L4W

Make

PLYMOUTH

Model

GRAND VOYAGER

Model Year

1998

Date Purchased

04-JUL-98

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-APR-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

THE STEERING WHEEL CLOCK SPRING FAILED, WHICH CAUSED MY AIRBAG, HORN, AND CRUISE CONTROL TO BECOME INOPERATIVE. THIS IS A KNOWN PROBLEM AND A RECALL HAS BEEN ISSUED. HOWEVER, MY VIN NUMBER WAS NOT ON THE LIST TO RECEIVE THE FREE REPLACEMENT. THE DEALER WANTS ME TO PAY \$300 TO FIX A KNOWN SAFETY DEFECT. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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FOR AGENCY USE ONLY 231

Date Received

10-JUL-2003

Repository

Reference No.
10019696

OWNER INFORMATION (Type or Print)

Name

Address

City

SPRINGVILLE

State UT

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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 _____ Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2844FP256X

Make

DODGE

Model

CARAVAN

Model Year

1998

Date Purchased
01-OCT-01

Dealer's Name and Telephone Number
HINKLEY DODGE

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
SALT LAKE CITY

State
UT

Zip Code
98999

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-MAY-2003

Failure Mileage
69500

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE CONSUMER NOTICED THE HORN ON THE VEHICLE WAS INOPERATIVE. THE MECHANIC STATED IT WAS DUE TO A FAULTY CLOCK SPRING. THERE WAS A RECALL REGARDING THE ISSUE, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. *JB THE AIR BAG LIGHT HAD COME ON. *SCC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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