



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

400 Seventh Street, S.W.
Washington, D.C. 20590

FEB 18 2005

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Stephan J. Speth, Director
Vehicle Compliance and Safety Affairs
DaimlerChrysler Corporation
800 Chrysler Dr.
CIMS 482-00-91
Auburn Hills, MI 48326-2757

NVS-212am
PE05-004

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 Preliminary Evaluation (PE05-004) to investigate allegations of headlight flicker, which can result in the headlight operating intermittently or not at all on MY 2001-2002 DaimlerChrysler Minivans manufactured by DaimlerChrysler Corporation, and to request certain information.

This office has received 21 reports of headlight flicker, which allows the headlight to operate intermittently or not at all on MY 2001-2002 DaimlerChrysler Minivan 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 2001-2002 DaimlerChrysler Minivans manufactured for sale or lease in the United States.
- **Subject component(s):** the headlight switch and the Body Control Module software for headlight operation.
- **DCC:** DaimlerChrysler Corporation, all of their past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of their 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 DCC (including all business units and persons previously referred to), who are or, in or after 1998, were involved in any way with any of the following related to the alleged defect in the subject vehicles:



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

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. 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
 - d. 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 the headlights to operate properly including flickering, intermittent operation and unwanted shutting off of headlights
 - **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 DCC, 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 DCC 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. Insofar as DCC has previously provided a document to ODI, DCC may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. 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 DCC'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 DCC has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by DCC, 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 DCC 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. Reports involving a fire, 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;
- e. Property damage claims; and
- f. Third-party arbitration proceedings where DCC is or was a party to the arbitration; and
- g. Lawsuits, both pending and closed, in which, DCC is or was a defendant or codefendant.

For subparts "a" through "e" 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 "e," provide a summary description of the alleged problem and causal and contributing factors and DCC's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "f" and "g", 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. DCC'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;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether a fire is alleged;
 - k. Whether property damage is alleged;
 - l. Number of alleged injuries, if any; and
 - m. 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 DCC 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 DCC 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. DCC'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. Describe in detail the search criteria used by DCC 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 DCC 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 DCC 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.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that DCC 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 DCC is planning to issue within the next 120 days.
8. 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, DCC. 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.

9. Some consumers have stated to ODI that when they took their vehicles to get their headlights repaired, the technicians have said that the alleged cause of the headlights not working properly is that the Body Control Module (BCM) needs to be calibrated with newer software for proper headlight operation. Explain how the BCM controls the operation of the headlights.
10. Describe all modifications or changes made by, or on behalf of, DCC 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. 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 DCC is aware of which may be incorporated into vehicle production within the next 120 days.

11. Produce one of each of the following:
 - a. Exemplar sample of each design version of the headlight switch;
 - b. Field return sample of the headlight switch exhibiting the subject failure mode; and
 - c. Any kits that have been released, or developed, by DCC for use in service repairs to the headlight switch which relate, or may relate, to the alleged defect in the subject vehicles.
12. State the number of headlight switches that DCC 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*):

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 DCC 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 DCC'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 DCC 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. DCC's failure to respond promptly and fully to this letter could subject DCC 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 DCC 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, DCC does not submit one or more requested documents or items of information in response to this information request, DCC 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.

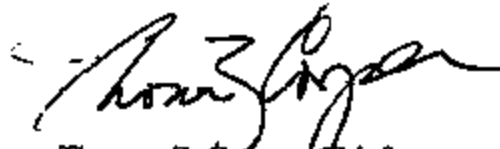
DCC's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by March 23, 2005. Please refer to PE05-004 in DCC's response to this letter. If DCC finds that it is unable to provide all of the information requested within the time allotted, DCC must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If DCC 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 DCC then has available, even if an extension has been granted.

If DCC 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, DCC 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 (69 Fed. Reg. 21409 et seq; April 21, 2004), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. DCC 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. Ali Motamedamin of my staff at (202) 366-7021.

Sincerely,



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

| | | |
|----------------------|----------|----------|
| Enclosures: VOQ Nos: | 10001888 | 10105149 |
| | 8022629 | 10106699 |
| | 10017404 | |
| | 10030486 | |
| | 10040679 | |
| | 10048640 | |
| | 10056387 | |
| | 10057205 | |
| | 10058438 | |
| | 10071189 | |
| | 10071987 | |
| | 10082232 | |
| | 10087319 | |
| | 10099856 | |
| | 10099868 | |
| | 10101308 | |
| | 10102657 | |
| | 10103671 | |
| | 10104061 | |
| | 10105149 | |



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 100079

Date Received

02-JAN-2003

Repository ☐Reference No.
10001888**OWNER INFORMATION (Type or Print)**

Name

Address

City

VERADALE

State

WA

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

1B4GP25372

Make

DODGE

Model

CARAVAN

Model Year

2002

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

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-JAN-2003

Failure Mileage

14500

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 HEADLIGHTS GO OUT WITHOUT WARNING. ONCE BOTH HEADLIGHTS WENT OFF FOR ABOUT A SECOND. CONSUMER WAS AFRAID TO DRIVE AT NIGHT TIME. DEALER HAS INSPECTED SEVERAL TIMES AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. 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 93-579) 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
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1398

Date Received

13-NOV-2002

Repository ☐Reference No.
8022629

OWNER INFORMATION (Type or Print)

Name

Address

City

MAYS Landing

State

NJ

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

CHRYSLER

Model

VOYAGER

Model Year

2001

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

121000 EXTERIOR LIGHTING: HEADLIGHTS

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: DOTMALSABC036)

☐ Original Equipment☐ Prior Repair

Failure Location:

The 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 CALLED COMPLAINING ABOUT HAVING PROBLEMS WITH THE HEAD LIGHTS AND THE PANEL LIGHTS ON THE VEHICLE. CONSUMER ALSO STATED THAT THE LIGHTS WILL GO OFF AT ANY TIME AND WILL LEAVE HIM WITH NO LIGHTS. MR

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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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

23-APR-2003

Repository ☐

Reference No.
10017404

OWNER INFORMATION (Type or Print)

Name

Address

City

LENOX

State

SD

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

2B8GP44G6

Make

DODGE

Model

CARAVAN

Model Year

2001

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

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-APR-2003

Failure Mileage

9000

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 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 HEADLIGHTS FLICKERED. BOTH HEADLIGHTS WENT OFF COMPLETELY WHILE THE DEALER TECHNICIAN WAS TEST DRIVING. THE DEALER CANNOT REMEDY 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 93-579) 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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National Highway
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

30-JUL-2003

Repository ☐Reference No.
10030486

OWNER INFORMATION (Type or Print)

Name

Address

City

GRANITE CITY

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 / /

VEHICLE INFORMATION

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

2B4GP44311

Make

DODGE

Model

GRAND CARAVAN

Model Year

2001

Date Purchased

01-FEB-02

Dealer's Name and Telephone Number

ENTERPRISE

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

GLEN CARBON

State

IL

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: 15

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-MAY-2003

Failure Mileage

38000

Failure Speed

65

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: DOTM19ABD036)

☐ 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).

HEADLIGHTS WILL GO OFF AND FLICKER. SOMETIMES STAY OUT FOR ABOUT 2 SECONDS, AND THEN WILL EVENTUALLY COME BACK ON. NOTHING I DO WILL MAKE THEM COME BACK ON. I HAVE TO WAIT FOR THEM TO COME BACK ON ON THEIR OWN ACCORD. IT HAPPENS AT VARYING SPEEDS - ANY WHERE FROM 15 MPH TO 65 MPH. IT DOESN'T MATTER IF THE ROAD IS SMOOTH OR NOT, OR WHAT THE WEATHER CONDITIONS ARE. I'VE REPORTED IT TO DIAMLER/CHRYSLER WITH NO RESULTS. THEY SIMPLY STATED THERE HAVE BEEN NO OUTSTANDING RECALLS ON MY VEHICLE.

HEADLIGHTS GOING OUT ON THEIR OWN IN THE MIDDLE OF THE NIGHT WHILE DRIVING IS AN EXTREME SAFETY HAZARD, NOT TO MENTION I COULD GET A TICKET FOR DRIVING WITHOUT MY HEADLIGHTS. I WOULD LIKE THIS SITUATION LOOKED INTO. 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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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 1357

Date Received

25-SEP-2003

Repository ☐

Reference No.
10040679

OWNER INFORMATION (Type or Print)

Name

Address

City

ALLISON PARK

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

PLEASE FILL IN

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2001

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

110000 ELECTRICAL SYSTEM

Multiple Failure:

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: 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).

WHILE DRIVING THE DASHBOARD LIGHTS AND HEAD LIGHTS FLICKERED SUDDENLY WHICH RESULTED IN POOR VISIBILITY. PLEASE PROVIDE MORE DETAILED INFORMATION. *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
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To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received

Repository ☐

15-JAN-2004

Reference No.
10048640

OWNER INFORMATION (Type or Print)

Name

Address

City

CAPE GIRARDEAU

State MO

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

1C4GJ25301

Make

CHRYSLER

Model

VOYAGER

Model Year

2001

Date Purchased

18-AUG-01

Dealer's Name and Telephone Number

RING CHRYSLER 314 664 3000

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

SAINT LOUIS

State

MO

Zip Code

63110

Transmission Type

AUTOMATIC

☐ Antilock Brakes

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

13-NOV-2003

Failure Mileage

46100

Failure Speed

45

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: DOTM3ABC036)

☐ 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 AT NIGHT, THE HEADLIGHTS SHUT OFF FOR A SHORT PERIOD OF TIME AND THEN CAME BACK ON. THIS CONTINUED TO HAPPEN WHILE DRIVING. THE DEALER MADE REPAIRS TO THE ELECTRICAL CONTROL MODULE. *NLM THE DEALER WAS UNABLE TO DUPLICATE THE PROBLEM. *SC *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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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-FEB-2004

Repository ☐

Reference No.

10056387

OWNER INFORMATION (Type or Print)

Name

Address

City FAIRFIELD

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 1/1

VEHICLE INFORMATION

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

2C4GP74L8Z

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2002

Date Purchased

22-OCT-02

Dealer's Name and Telephone Number

KINGSWOOD CHRYSLER 5136775790

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

CINCINNATI

State

OH

Zip Code

45249

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-OCT-2002

Failure Mileage

30

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: 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

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).

SINCE THE DAY I DROVE MY VAN OFF OF THE DEALERS LOT, ALL OF THE LIGHTS (MAP LIGHTS, DOME LIGHT AND HEADLIGHTS) ON THE VAN PULSE (SIMILAR TO THE PULSE OF A FLOURESCENT TUBE WARMING UP ON A COLD DAY). THE SPEED OF THE PULSE CHANGES WITH THE SPEED OF THE ENGINE. THE VAN HAS BEEN TO TWO DIFFERENT 5-STAR DEALERS AND THE HEADLIGHT SWITCH HAS BEEN REPLACED TWICE. SOMETHING IN THE COMPUTER WAS UPGRADED ONCE. EVERY OIL CHANGE THEY TRY TO DETERMINE IF/WHAT MIGHT BE CAUSING THE PROBLEM; TO NO AVAIL. BECAUSE THE SPEED OF THE PULSE CHANGES WITH THE ENGINE RPM'S AND FROM OTHER PERSONAL EXPERIENCES, MY HUSBAND BELIEVES IT IS THE ALTERNATOR CURRENT BLEEDING INTO THE REST OF THE ELECTRICAL SYSTEMS, BUT BECAUSE THE ALTERNATOR DOESNT TEST BAD ACCORDING TO THEIR COMPUTER THEY ARE UNWILLING TO CONSIDER THIS POSSIBILITY. *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 100079

Date Received

26-FEB-2004

Repository ☐

Reference No.
10057205

OWNER INFORMATION (Type or Print)

Name

Address

City

SCARBOROUGH

State

ME

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

1C4J34531

Make

CHRYSLER

Model

VOYAGER

Model Year

2002

Date Purchased
19-NOV-01

Dealer's Name and Telephone Number
MAINE LINE AUTO CENTER

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City
SACO

State
ME

Zip Code
04072

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
121000-EXTERIOR LIGHTING-HEADLIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-JAN-2004

Failure Mileage
44000

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 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).

WHILE DRIVING AT NIGHT TIME WITH HEADLIGHTS ON VEHICLE CUT OFF WITHOUT ANY PRIOR WARNING, LEAVING CONSUMER WITHOUT A VISION OF THE ROAD. DEALER INSPECTED VEHICLE SEVERAL TIMES AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. *AK *MR

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

FOR AGENCY USE ONLY 100148

Date Received

18-FEB-2004

Repository ☐Reference No.
10058438

OWNER INFORMATION (Type or Print)

Name

Address

City

BALTIMORE

State MD

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

2C8GP74L5

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2002

Date Purchased
25-JUL-02Dealer's Name and Telephone Number
TATE CHRYSLER 410-269-5454Engine:
No: Cylinders 6Fuel Type:
GasOriginal Owner
☐Dealer's City
ANNAPOLISState
MD

Zip Code

Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise ControlPowertrain
FRONT WHEEL DRIVEVehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
14-AUG-2003Failure Mileage
8000Failure 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: DOTM19ABC0361)

☐ 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).

FROM THE ALMOST DAY ONE THIS CARS HAS HAD ELECTRICAL PROBLEMS. ORIGINALLY THE DASH LIGHTS LIGHT UP AND WOULD NOT GO OUT FOR SEVERAL MINUTES, THEN THE FUEL PUMP STARTED TO OPERATE POORLY, THEN A SLIGHT HESITATION BEGAN AT IDLE. THEN I NOTICED A HESITATION AT ABOUT 40 MPH WHEN THE CAR WAS PULLING A INCLINE. THEN THE HEADLIGHTS BEGAN TO FLUTTER AS RPM'S FLUCUATED. THEN THE HEADLIGHTS BEGAN TO FLASH VIOLENTLY. A SWITH WAS FINALLY REPLACE AND THE LIGHTS HAVE NOT HAD THE SAME PROBLEM FLASING, BUT DO APPEAR TO HAVE SOME MINOR FLUTTERES IN THEM FROM TIME TO TIME. AFTER THIS, ALL OF THE GEAR SELECTOR LIGHTS CAME ON AT ONE TIME. YOU COULD NOT TELL WHAT GEAR THE TRANSMISSION WAS IN. THE CAR ALSO WOULD NOT HOLD ON A SLIGHT INCLINE WHEN STOPPED FOR A TRAFFIC LIGHT OR STOP SIGN. WHEN TAKING YOUR FOOT OFF THE BRAKE, THE CAR WOULD DRIFT QUICKLY, ALMOST CAUING AN ACCIDENT. THE DEALER TATE OF GLEN BURNIE, MD. SAID THE CAR WAS DESIGNED TO WORK THAT WAY. ABOUT OCTOBER TO NOVEMBER TIME PERIOD, THE DRIVER'S SIDE POWER SLIDING DOOR UNLOCKED ITSELF AND OPEN ABOUT 10-12 INCHES WHILE THE CAR WAS IN MOTION AT ABOUT 25MPH. A DOOR MODULE WAS REPLACED TO SEE IF THAT SOLVED THE PROBLEM. IT HASN'T OPEN SINCE. BUT ABOUT 3 WEEKS AGO NOW, THE PASSENGER SIDE DOOR STARTED TO DO THE SAME THING. BOTH TIMES, THERE WRE PASSENGERS IN THE BACK SEATS BY THE DOORS. CHRYSLER NOW REFUSED TO FIX IT FOR FREE BECAUSE IT IS OVER THE BASIC WARRAI

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

FOR AGENCY USE ONLY 9999999

Date Received

15-JAN-2004

Repository ☐Reference No.
10071189**OWNER INFORMATION (Type or Print)**

Name

Address

City

COOKVILLE

State TN

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
2B8GP74L4

Make
DODGE

Model
GRAND CARAVAN

Model Year
2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No. Cylinders

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

☐ Cruise Control

120000 EXTERIOR LIGHTING

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

15-NOV-2003

45000

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

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).

1) 1ST MONTH-THE TAILGATE LATCH WOULDN'T OPEN. 2) 1ST YEAR - THE DRIVER'S SIDE WINDOW WOULD PERIODICALLY FREEZE AND NOT GO UP. THEY SAID THEY COULDN'T FIX IT UNTIL IT STAYED BROKEN 3) 11/06/03 AT 45,000 MILES THE LIGHTS WHICH FLASH WHEN THE REMOTE UNLOCKS THE DOORS, FLASHED & COULDN'T BE TURNED OFF. THE HEADLIGHTS WOULD NOT WORK WHEN THIS HAPPENED. 4) 11/09/03 THE HEADLIGHTS TURNED OFF WHILE DRIVING ON INTERSTATE THEN FLASHED BACK ON. IT HAPPENED 4 TIMES. TOTAL DARKNESS @ 70 MPH IS FRIGHTENING

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

FOR AGENCY USE ONLY 1368

Date Received

03-MAY-2004

Repository ☐

Reference No.
10071987

OWNER INFORMATION (Type or Print)

Name

Address

City

FAYETTEVILLE

State

NC

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

2C4GP4439

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2001

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

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-MAR-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: DOTNALSABC036)

☐ 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 HEADLIGHTS FLICKERED INTERMITTENTLY. AT TIMES THE HEADLIGHTS WENT OUT COMPLETELY FOR A MINUTE OR TWO. THIS CAUSED A DISTRACTION TO THE CONSUMER'S VIEW DURING NIGHT HOURS. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-57) 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.



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

FDR AGENCY USE ONLY 100148

Date Received
19-JUL-2004
Repository ☐
Reference No.
10062232

OWNER INFORMATION (Type or Print)

Name
Address
City SUMTER State SC 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
2C4GP34382
Make CHRYSLER Model TOWN AND COUNTRY Model Year 2002
Date Purchased 01-APR-02 Dealer's Name and Telephone Number SUMTER CHRYSLER/DODGE 8034599030 Engine: No: Cylinders 6 Fuel Type: Other
Original Owner ☒ Dealer's City SUMTER State SC Zip Code 29150
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 114000 ELECTRICAL SYSTEM/WIRING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-SEP-2003 Failure Mileage 13500 Failure Speed 55

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

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).

HEADLIGHTS FLICKERED BETWEEN BRIGHT AND VERY DIM. SWITCH TO LIGHTS BECAME VERY WARM TO TOUCH. DEALER CLAIMED SWITCH HAD POOR CONNECTION AND REPLACED SWITCH. SWITCH STILL GETS WARM BUT HAVE NOT FLICKERED YET. VEHICLE NEW WHEN BOUGHT.
*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
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-AUG-2004

Repository ☐

Reference No.
10087319

OWNER INFORMATION (Type or Print)

Name

Address

City

MAPLE GROVE

State

MN

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

2B4GP431

Make

DODGE

Model

GRAND CARAVAN

Model Year

2001

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

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-SEP-2001

Failure Mileage

1830

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: DOT1A19ABC036)

☐ 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).

WHILE DRIVING AT ANY SPEED AIR BAG LIGHT STAYED ON. DEALER EXAMINED THE VEHICLE, AND FOUND THAT THE CLOCKSPrING WAS DEFECTIVE. CLOCKSPrING WAS REPLACED FOUR TIMES. ALSO, DASHBOARD LIGHTS AND HEADLIGHTS CAME AND OFF WHENEVER THEY WANTED TO. *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
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 1368

Date Received

08-DEC-2004

Repository ☐Reference No.
10099856**OWNER INFORMATION (Type or Print)**

Name

Address

City

CRYSTAL LAKE

State

IL

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

1B4GP453X

Make

DODGE

Model

CARAVAN

Model Year

2002

Date Purchased

27-OCT-01

Dealer's Name and Telephone Number

SUNNYSIDE CO. 815 385 7220

Engine:

Noc Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

MCHENRY

State

IL

Zip Code

60050

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

Vehicle Component Code

121000 EXTERIOR LIGHTING-HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

24-SEP-2004

Failure Mileage

45000

Failure Speed

45

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 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).

WHEN THE HEADLIGHTS ARE IN USE THEY WOULD FLICKER INTERMITTENTLY. THE HEADLIGHTS ALSO WENT OUT COMPLETELY FOR ABOUT 5 TO 10 SECONDS ON TWO OCCASIONS. THE DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK *SC

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 1220

Date Received

07-DEC-2004

Repository ☐

Reference No.
10099868

OWNER INFORMATION (Type or Print)

Name

Address

City

CALABASH

State

NC

Zip Code

28508

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

2C8GP74L02

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2002

Date Purchased

01-SEP-01

Dealer's Name and Telephone Number

GRAFT CHRYSLER DODGE

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

121200 EXTERIOR LIGHTING-HEADLIGHTS:SWITCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-NOV-2004

Failure Mileage

45000

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: 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 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).

HEADLIGHTS WORKED INTERMITTENTLY. TOOK VEHICLE TO CHRYSLER, AND WAS TOLD THAT THE HEADLIGHT SWITCH SHORTED OUT, AND IT HAD TO BE REPLACED. *AK *TC

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
(1-888-927-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received

21-DEC-2004

Repository ☐

Reference No.
10101308

OWNER INFORMATION (Type or Print)

Name

Address

City

YUKON

State

OK

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

1C4G345311

Make

CHRYSLER

Model

VOYAGER

Model Year

2001

Date Purchased

19-NOV-01

Dealer's Name and Telephone Number

BOB HOWARD AUTO GROUP 877-944-2842

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

20

Dealer's City

OKLAHOMA CITY

State

OK

Zip Code

73114

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-SEP-2004

Failure Mileage

Failure Speed

20

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).

WHILE DRIVING AT NIGHT HEADLIGHTS INTERMITTENTLY FAILED. THIS CAUSED POOR VISIBILITY TO THE DRIVER. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND DROVE IT TO THE DEALER FOR INSPECTION. MECHANIC DETERMINED THAT THE CONTROL MODULE NEEDED TO BE REPLACED. *AK DASH LIGHTS TAIL LIGHTS PARKING LIGHT ALL STAY ON WHEN HEADLIGHTS GO OUT. *TC

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

FOR AGENCY USE ONLY 100148

Date Received

11-DEC-2004

Repository ☐Reference No.
10102657

OWNER INFORMATION (Type or Print)

Name

Address

City

ALDHA

State

OR

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 11/11/04

VEHICLE INFORMATION

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

1B4GP45351

Make

DODGE

Model

CARAVAN

Model Year

2001

Date Purchased
23-MAR-02Dealer's Name and Telephone Number
ALEXANDER CHRYSLER-PLYMOUTH 503-233-4433Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
☐Dealer's City
PORTLANDState
OR

Zip Code

Transmission Type
AUTOMATIC☒ Antilock Brakes
☐ Cruise ControlPowertrain
FRONT WHEEL DRIVE

Vehicle Component Code

121200 EXTERIOR LIGHTING:HEADLIGHTS:SWITCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-DEC-2004Failure Mileage
42000

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(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).

WE HAVE A 2001 DODGE CARAVAN AND RECENTLY, WITHIN THE LAST 12 TO 6 MONTHS, THE HEADLIGHTS HAVE SWITCHED ON AND OFF. IT'S BEEN VERY RANDOM UNTIL THE LAST MONTH, WHERE THEY HAVE COMPLETELY SHUT OFF AFTER FLICKERING ON AND OFF AND THE DASHBOARD LIGHTS LIGHTING UP AND GOING DIM. THIS HAS HAPPENED AT NIGHT SEVERAL TIMES AND DURING THE DAY. WE TOOK THE VAN TO DICKS COUNTRY DODGE TO HAVE IT INSPECTED AND WERE TOLD THE HEADLIGHT SWITCH WAS FAULTY AND NEEDED TO BE REPLACED. HOWEVER, WE WERE TOLD THAT THERE IS NO MANUFACTURE OF THIS SWITCH AND THERE IS NO ESTIMATED TIME TO EXPECT THIS SWITCH TO BE REPLACED. WE WERE TOLD TODAY, 12/10/04, THAT THERE ARE OVER 60 REQUESTS NATIONWIDE FOR THIS SWITCH AND NO ESTIMATED TIME OF REPLACEMENT AS NO ONE IS MAKING THESE SWITCHES. WE ARE UNABLE TO DRIVE OUR VAN DURING THE HOURS OF 4:30 PM UNTIL 7 A.M BECAUSE WE DO NOT KNOW IF THE HEADLIGHTS WILL STAY ON OR NOT. I DROVE TODAY AND MADE IT 10 MILES BEFORE THE LIGHTS FLASHED AND WENT OUT. THIS IS NOT A LIGHT BULB ISSUE, IT'S A SWITCH THAT CAN'T BE FIXED. WE ARE BEYOND FRUSTRATED WITH THIS SITUATION AS THE VAN IS OUR MAJOR FAMILY VEHICLE AND IT'S ALMOST IMPOSSIBLE TO GET TWO CAR SEATS AND TWO ADULTS IN OUR OTHER VEHICLE. WE FEEL AN INVESTIGATION SHOULD BE MADE INTO WHY THESE SWITCHES ARE NOT A

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 100248

Date Received

13-DEC-2004

Repository ☐Reference No.
10103671**OWNER INFORMATION (Type or Print)**

Name

Address

City

PAHRUMP

State

NV

Zip Code

89301

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

GRAND CARAVAN

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Other

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☐ Antilock Brakes☐ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-SEP-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: 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

☐ 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 HEADLIGHTS TURNED ON AND OFF INTERMITTENTLY, MAKING IT DIFFICULT TO SEE THE ROAD WHEN IT WAS DARK. CONSUMER INFORMED THE DEALER, BUT THE CAUSE WAS UNDETERMINED.*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

18-DEC-2004

Repository ☐

Reference No.

10104061

OWNER INFORMATION (Type or Print)

Name

Address

City

ELLIJAY

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

2C4GP44361

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2001

Date Purchased
18-DEC-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

121200 EXTERIOR LIGHTING:HEADLIGHTS:SWITCH

Multiple Failure: 15

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-NOV-2004

Failure Mileage

55000

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: 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 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

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).

ENTIRE HEADLIGHTS WILL GO OUT WHILE DRIVING FOR A SHORT PERIOD OF TIME THEN COME BACK ON AGAIN. THIS MAY HAPPEN 4-5 TIMES IN A 5 MILE DRIVE THEN NOT AGAIN UNTIL I DRIVE THE CAR ON ANOTHER OCCASION. WHEN WE WENT TO HAVE THE VEHICLE FIXED THEY TOLD US THE CHRYSLER HAD JUST RECALLED ALL REPLACEMENT PARTS OFF THE SHELVES AND THAT NONE WOULD BE AVAILABLE FOR 5-8 WEEKS. THEY ALSO INDICATED THAT THEY HAD OVER 600 OF THESE ITEMS ON BACKORDER FROM CUSTOMER REQUESTS. I FEEL THIS MUST BE A MANUFACTURE DEFECT AND SHOULD NOT BE A COST THAT CONSUMERS SHOULD HAVE TO PAY FOR. *JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FOR AGENCY USE ONLY 100222

Date Received

21-DEC-2004

Repository ☐Reference No.
10105149

OWNER INFORMATION (Type or Print)

Name

Address

City

TORRINGTON

State

WY

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

2B4GP44301

Make

DODGE

Model

GRAND CARAVAN

Model Year

2001

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

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-NOV-2004

Failure Mileage

35000

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: DOTM19AB0036)

☐ 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 HEADLIGHTS AND DASHBOARD LIGHTS GO OFF BY THEMSELVES. VEHICLE WAS TAKEN TO THE DEALER ON NUMEROUS OCCASIONS AND NO DEFECTS FOUND. *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 252

Date Received

03-JAN-2005

Repository ☐Reference No.
10106599

OWNER INFORMATION (Type or Print)

Name

Address

City

SPRING HILL

State FL

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

1B4GP25R32

Make

DODGE

Model

CARAVAN

Model Year

2002

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

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

125100 EXTERIOR LIGHTING: TURN SIGNAL: FLASHER UNIT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

03-JAN-2005

Failure Mileage

44000

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).

THE HEADLIGHTS FLICKERS; ONCE THEY WENT OUT COMPLETELY FOR ABOUT FIVE SECONDS. THIS HAS OCCURRED ABOUT 20 TIMES SINCE NOVEMBER 2004. THERE IS NO TIME PATTERN AS TO WHEN THE HEADLIGHTS WOULD GO OFF. THE DEALER KNOWS THAT THE HEADLIGHT SWITCH IS THE PROBLEM. THE MANUFACTURER TOLD THE DEALER THAT THEY HAVE A BACK ORDER OF OVER 800 SWITCHES AND THAT NO ONE IS MAKING THE SWITCHES.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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