

National Highway Traffic Sciety Administration

<u>CERTIFIED MAIL</u> <u>RETURN RECEIPT REQUESTED</u>

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

400 Seventh Street, S.W.

Washington, D.C. 20590

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.
- <u>Subject component(s)</u>: 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:



- Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- 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, andio 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 verbation 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.

- 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."

- 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;
 - 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.

- 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;
 - The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - 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;
 - Whether a crash is alleged;
 - Whether a fire is alleged;
 - k. Whether property damage is alleged;
 - 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.
- 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:

- DCC's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- 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;
- Problem code:
- 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;
 - The actual or planned start date;

- 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;
 - 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;
 - 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:
 - Exemplar sample of each design version of the headlight switch;
 - 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:
 - 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;
 - 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
 - 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. Gooper, Chief Vehicle Integrity Division Office of Defects Investigation

Enclosures; VOQ Nos:	10001888	10105149
	8022629	10106699

			_		_									THE P. LEWIS CO., LANSING	
			D	OT /	Auto	Safety	y Hof	tOne			FC	OR AGENCY USE ON	ILY	100079	
U.S. Departme of Transportati		Veh	icle To R	еро	rt Ve	hicle i	Søfet	ty Def	nnaire fects		Date Re	celved	Reg	pository 🗆	
National High				1	-886- 1-88	-DASH 8-327-	-2-p -423	OT 6)			02	2-JAN-2003	Re	ference No.	
Traffic Safety Administration	•	INT	ERN						not line		Ì		10	0001888	
	OV	MMER INFOR	<u>IMAT</u>	TON	(ТУР	or Pr	int)			<u> </u>	Canting	Telephone Number	12.	-1 Addinger	
Address						4						I GREAT IN PROPERTY.	-	Bi Mines	
City			- <i></i>		State		Tż	ip Code	4		Evening	Telephone Number	1		
VERADA					· · · · · · · · · · · · · · · · · · ·	WA				······································	<u></u>		<u> </u>		
On you authorize In the absence of Signature of Own	of an eut	therization, i	HTS)	y or . A WJ	IVE NO.	Part IV T provi	ide you	af urac ur nem	turer or ye	HAS DO D	hicle? the vehicle to	YES EX PROPERTY OF THE PROPERT	OW D		
									RMATION				_		
17 digit Vehicle Iden 184GP25372	Election	Number Locate	ad at a	action	n of war	dehieti c	on drive	ar's skie	Make DODGE	_		Model CARAVAN	_	Model Year 2002	
199622374				_	<u> </u>							CAKATAN		2002	
Date Purche:		<u> </u>	ler's Name and Telephone Number Br's City State									Engine: No: Cylinders		Fuel Type:	
Original Dwn		Dealer's City	er's City St							Zpo	Code				
Transmission Type	□ ~	ntilock Brakes	Po	wert	meln						nent Code BOR LIGHTING:HEADLIGHTS				
	□ cr	ruise Control										TNG:HEADUGHTS			
	Щ		<u>L</u>						Multiple			·			
To blood Probated	Toda:	- Ambanya			FAIL Speed	B (0)	MPON	⊟पा(\$)/PART(S) DIFT	RMATIO	<u> </u>		·	
Incident Date(s) 02-JAN-2003	1	re Misage 14500					<u> </u>					. ·			
4 "	_	ADOX							AND IN RE	FORI		RE FAILURE			
Tire Make						(Name	<u>.</u>	<u> </u>	<u>-</u>		TIM	u Size (Example P21	5/ 6 5 K	k15)	
DOT No. (Example:		L9ABC036)		E		nal Equi Repair			Failure Location:						
The Component Co	de										Tire	s Failure Type			
		ADDITION	ALIT	TEM!	S TO B	_						SEAT FAILURE	<u> </u>		
Make: Sept Type:								actured Systems			Model No.	/Name:	_		
Châd Seat Compon	ent Cod	je:	—— F	alled	Part:	Install	atton s	System	<u></u>				_		
		-			APP				I Deronm						
Crash	Pire					rsons In		_). Failure(s). (Imber of Dea			red to Police		·	
Yes 12 No Parretive Descript					and To	(la		Щ				N		· · ·	
Planse describe (1 i.e, parts repaired	l) event or repl	ts leading up t aced (and if o	to the	e fail	ture, (2 avada l	i) talium bio).	e nod 1					es 400e to correct i	<u>. </u>	,	
INTERMITTENTLY AFRAID TO DRIVE PROVIDE FURTHE	EATNIG	GHT TIME. DE	EALLER	THOU HAS	JT WAI INSPE	RMING. SCIED S	ONCE SEVERY	E BOTH ALTIM	I HEADLIGH ES AND CO	ITS WE	ent off fi ot duplik	FOR ABOUT A SECO CATE OR CORRECT	NTOL CO THEE P	ONSUMER WAS PROBLEM. PLEASE	
•															

The Privacy Act of 1874-Public Law 199-579 This information is requested pursuant to outbortly verted in the National Highway Traffic Selety Act and administrant amendments You are under no objective or negotia this flerible in debarding advertor a manufacturer about this appropriate action to correct a mainty defect. If the flerible proceeds with administrative and configuration against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

			DO	T Auto S	Safety	Hotime			FC	R AGENCY USE ON	LŸ	139B
U.S. Departme of Transportati			icle (Owner port Veh	r's Qu	Jestion		ļ	Date Res	celved	Rep	oostory 🗌
National High Traffic Safety				1-886-D (1-886-	-327-4	1236)	.F	ļ	13-	-NOV-2002	1	Perence No.
Administration	OFF			Taww.n			iotiline.	_			80	122629
Name		WARE INFOR	MATRI	Ж[Туре	OF Print	<u> </u>		一	Daytime	Telephone Mumber	E-mr	al Address
Addrese									Seesing'	Telephone Number	1	
CRLY MAYSLA	ANDING	i		State	NJ	ZIp Code	٩		EVENIEN			
Do you sutherize In the obsence of Signature of Own	f en aut	to provide a therization, it	I COPY I IHTSA	of this rep WTLL NOT	ort to the provide	ie manufac 1 your nam	turer of you e or oddress	ar too th	icie? Se vahicie S /	□ YES X	NO.	
Squada or Car					VBIU	CLE INFO	MATION	Nurb				_
17 digit Vehicle Iden PLEASE PROVIDE		Number Locate	र्यं क्षं ५००	रंकन में स्थार्थ				į		Model VOYAGER		Model Year 2001
Date Purchas	æd	Dealer's Nur	me and	Telephone	a Number					Engine: No: Cylinders		Fuel Type:
Original Owns	ar	Dealer's City	<i></i>	· 			State	Zip C	ode	NO: Cyriners		
Transmission Type		ntliock (Fales	Powe	ertrain			Vehicle Co 121000 @			ING:HEADLIGHTS		
		ruise Control					Multiple Fi	e lur e:		· ·		
- 11-4-5-444					D COM	OPENI(S)/PART(9)	INFO	RMATIO	H .		
Incident Date(s)	· Pamu	ıra Micege	FBALLE	re Spead ·								
15	=	ADOT					WHENREP	ल्ह्या		RE FATILIRE		
Tire Make			<u> </u>	Tire Model (Fire	e Size (Example P21	.5/65K	(15)
DOT No. (Example:		(LSABC036)	L'	Ortgina Prior R	al Equipm Repair	ment	Failure Loc	ation:		<u> </u>		
The Component Co	de .									Fallure Type		
	_	ADDITION	ALITE		_			_		SEAT PAILURE		
Make: Seat Type:				_		<u>inufactured</u> ion System			Model No.	/Name:		
Child Seat Compone	ent Cod	ie:	Fal	Red Part:	11000 mm	Dii System	<u> </u>					
			- Clar				T INFORMA					
Crash	Fire			ber of Pers			Failure(s), Cr mber of Deal			ed to Police		
Yes X No Narrative Descript Please describe (1	tion of D	Incident(S)L O	raybjar to the i	a), and Juj fellow, (2)	ury(les). Mallurg (ecrences, s	==d (3	•	N done to correct t		
i.e, parts repaired	or repla	aced (and if e	old paint	i is svelippi)ia).							<u> </u>
ALSO STATED TH	D COM	PLAINING AB LIGHTS WILL	OUT HA . GO OF	AVING PRO FF AT ANY	XBLEMS V TIME AN	NTTH THE I	HEAD LIGHTS AVE HIM WIT	5 AND TH NO	THE PAN LIGHTS.	EL LIGHTS ON THE Y MR	ABHIC	LE CONSUMER
				1		·- ·-						_
Include, if available The Privacy Act of 1974	4-Public I	Law 53-879 Thi	la Informi	ention is rece	wested wa	orient to se	thority vested	d in the	No House H	TACH ADDITIONAL	Act and	d authorized
em undin unte. You uru phonisi taka papropriat	under no La potico	o obligation to re a to appropriate set	respond t riety selv	ithic question fact. If the N	onriskre. Yo Wittisk prec	MF (46 pillisa) Clair with m	mary by used t	to seek	et the MITT	أسلب متعلما بمحددها والكا	ا ۾ مصال	Manufactures.
er a statistical semma	ry there	of may be used	In supp	ort of the b	\$64C) 8 to	dies.						and total contracts

		<u> </u>								Perm_dor	نازىدى	D.M.B. Ro. 2127-1006			
•			DOT A	iuto S	afety Ho	otfine	<u> </u>		FC	OR AGENCY USE ON	LY 1	1368			
U.S. Departmen of Trensportatio	•		s Repor	rt Vehk	's Que: ide Safa	sty Def		1	Date Rec	zeived	Repr	ository 🗆			
Matienal High		-	1-1	656-D	A\$H-Z-D	ρŌΤ		,	23	-APR-2003	Ref	erence No.			
Traffic Safety	,	MIE	•-		-327-423 h tsa.d ot.		hotilne	,		,	1	017404			
Administration						- 		/	4						
Name	OWNERI	(EU)	ATION	Туре •	H Prints				<u>Daytime</u>	Telephone Number	E-me	Address .			
Address					 -						Į				
City LEMNOX	, ,		s	State 9	SD Z	Zip Çode	•		Evening 1	Telephone Number					
Do you puthorize : In the absence of Signature of Owns	f an authorizati	vide e c ton, iiH	topy of the	NS rapo LL NOT	et to the n provide y	nanofac our nam	cturer of you se or address	our veh us to th Data	he vehide	YES THE D) NO				
Signature or own.	#				VPHICE		RMATION	<u> </u>							
17 digit Vehicle Identi	Montion Number	Located	et botton	nof wind:				_		Model	$\overline{}$	Model Year			
2B8GP44G61							DODGE			CARAYAN		2001			
Date Purchase			e and Teld	ephone	Number			_		Engine: No: Cylinders		Fuel Type;			
Original Owner	r Dealer	r's City					State	ZbC							
Transmission Type	Antilock B		Powertre	ain		!			nent Code IOR LIGHT	TING:HEADLIGHTS		٠.			
	<u> </u>	700					Multiple F			:	_				
		-	_		O COMPO	NENT(8	3)/PART(8)) DEO	DITAME	<u> </u>					
Incident Date(s) 21-APR-2003	Failure Milea 9000	ge	Fallure Sp	æed	, .		· 			: .	. :	· · · · · · · · · · · · · · · · · · ·			
		DOTT						PORT		RE FAILURE	_				
The Make DOT No. (Biamole: I		अनुद्धाः			(Name or No				L	e Size (Example P21	5/65R)	15)			
)30;	上旨	Original Prior Re	al Equipment Lepair	A : ,	Failure Loc	cation:	<u> </u>						
Tire Component Cod	A.								Thre	e Fallure Type					
	ADDI	TION	LITEKS	TO BE	COMPLET	PD WH	IEN REPORT	.FING/	A CHELD!	SEAT FAILURE					
Malos:				_	Date Manuf				Model No.	/Name:					
Seat Type: Child Seat Compone	Code:		Felled I		Installation	<u>System</u>	<u> </u>								
Cite Seat Congress	AL COMO.		Popul.		TCABLE 7	WCIDE:	HT INFORM	ATIO	M			1			
				decide in	in detail the in	incident/s).	Fellewitt C	Crashins	6). And Injury						
Cresh Yes XNo		No	_		ons Intured) Nur	ember of Deal	iths		ted to Police N		<u></u>			
Hemative Descripti Please describe (2) Le, party repaired :) events leadin	reg up to	a t he fall u	ure, (3) f	fellure and	i its com	eequences,	r) bes	i) what w	as done to correct t	the fell	lureș ·			
WHILE DRIVING TO	—					WENT	OFF COMPL	FIELY	WHOLE TH	HE DEALER TECHNIC	V HAL	VAS TEST			
DRIVING. THE DEA	ALER CANNOT														
	ALER CANNOT														
	ALEK CAMNOT	, no e													
	ALEK CAMPOT														

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

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Line 93-579 This information is requested purseant to authority vested in the Artistian Highway Traffic States Act and ambasquent amendments. You are under no obligation to respond this questionable. Your response may be used to assist the MITSA in determining visitive a itemplaturer should take appropriate action to correct a select defect. If the MITSA proceeds with administrative antercomment or High time against a resoulandary, your response, or a statistical summery thereof, may be used in support of the against a section.

•				OT Auto Safet				. F	TOR AGENCY USE ONL		100148
U.S. Departme of Transportati			ikle	Owner's Q	Question Safety De	nnaire		Date Re		·-·	poettory 🗆
National High Traffic Safety Administratio	hwa y Y	М	ÆRNE	1-888-DASH (1-888-327 ET:www.nirtsa.	7-4236)	hot lin e		30	IO-DUC-2003		ference No. 030486
	D1	WHER INFO	UHAT!	TON (Type or Pr	rint)				Telephone Number	ļ	****
Address								Dayuna	Teleprone Manage	E-lie	Appress
City				State n	Zip Cod	de		Evening	Talephone Number		
GIONLI				y of this report to				enalaria		<u></u>	
In the absence of	of an aut			y of this report to A WILL NOT provi			93 to th	he vehida	YES X	NO.	
Signature of Own	<u>= —</u>	<u> </u>		- · · ·	BUCLI INFO		Date	<u> </u>			·
17 delt Vehicle Iden	Mikalior	Number Locat	ed at b	ettom of windshield o		كالتناج المستد			Madel		Model Year
2B4GP44311						DODGE		·	GRAND CARAVAN		2901
Date Purches 01-FEB-02	!	ENTERPRIS	SE	nd Telephone Numb	ber		_		Engine: No: Cylinders <u>6</u>		Fuel Type: Gas
Original Owne	<i>F</i> 1	Dealer's City GLEN CARB				State IL	20p C	ode	1		
Transmission Type			·	wertrain		Vehicle Co 121000 E			8 STING: HEADLIGHTS	_	
. AUTOMATIC .	I Cr	ruise Control	FRO	ONT WHEEL DRIVE	E	Multiple Fe			I MILES I MARKET		
				FAILED CO	MPONENT(9)/PART(9)	. IJPC	RMATI	ON .	_	
Incident Cabe(s) 15-MAY-2003		re Milenge 38000	Fallur	ure Speed 65			•			:	
11 1		ADDIT		LITEMS TO BE			PORT			<u> </u>	
Tire Make :	·			Tire Model (Name	a or Number)	,		Πr	re Sike (Example P2.15	5/65R	15) ::
DOT No. (Example:		(LSAECO36)	I	Original Equi		Failure Loca	artion:		· · ·		
Tire Component Co	de ·	-							a Failure Type	_	····
	_	ADDITION	ALIT	TEMS TO BE COM			_				
Make: Sent Type:					Manufectured Batton System			Model No.	./Name:	_	
Seat Type: Chiki Seat Compone	ent Cod	ie:	<u> </u>	<u> Instali</u> ailed Part:	<u>llation System</u>	<u>r</u>	—			—	
				APPLICAB		NT INFORMA			7.11		
Crash	Fire			me describe in detail wher of Persons In A		<u>s) Fullerers, Ca</u> Lumber of Deat D		Report	ted to Police	_	
Remetive Descripti Pietos describe (1)	tion of En 1) events	te leading up t	to the	s failure, (2) failure			s tal (3		nus dens to correct ti	àe fei	Aura;
HEADLIGHTS WILL	LGO OF	FF AND FLICK	KER. SC	SOMETIMES STAY	OUT FOR A	=01.IT 2 SBC0	NDS,	AMDTHE	ON WILL EVENTUALLY	′ ~~(M)	E BACK ON.
NOTHING I DO WI VARYING SPEEDS	TLL MAKT i-ANYW E. IVER	Œ THEM COME WHERE FROM REPORTED IT	NE BACK 1 15 MPI	CKON. I HAVE TO PH TO 65 MPH. 17	D WAIT FOR T IT DOESN'T M	THEM TO COM MATTER IF THE	ME BAC	ACK ON ON AD IS SMO	SHIP OWN ACCOUNTS OF WATER THE PROPERTY OF WATER THE PROPERTY OF WATER THE PROPERTY OF THE PRO	ORD. I	IT HAPPENS AT THE WEATHER
			AUN IN	THE MIDDLE OF	THE MIGHT?	WHILE DRIVE	NG IS	AN EXTR	EME SAFETY HAZARD	O. NO	TTO MENTION I

COULD GET A TICKET FOR DRIVING WITHOUT MY HEADLIGHTS. I WOULD LIKE THIS STRUATION LOOKED INTO. THANK YOU. *AK

Include, If available; Police/Fire Department Report, Photos, and Repair Involce,

ATTACH ACCITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public tary \$3-57 Tels information is requested pursuant to extinctly vanied in the Hitlerel Highway Treffic Settly Act and missage and an extinctly vanied in the Hitlerel Highway Treffic Settly Act and missage and an entire the Privacy in the Hitlerel Highway Treffic Settly Act and missage and the sense the Privacy in the Hitlerel Highway and the sense the Privacy in the Hitlerel Highway and the sense which are sense and the sense which is a released to the sense and the sense

	$\overline{}$						_	$\overline{}$					1-12-14-16- 21-27-000s	
	-		DO	T Auto Sa	afety i	Hotline	1		F	Ff	OR AGENCY USE ON		1357	
U.S. Departme of Transportati			nic je C Ta Rep	Owner'	's Que	estio: fety De	nn		1	Data Red	celved	Rep	pository 🗌	
Mational High Traffic Safety Administratio	hway Y los	INT	TERNET	1-865-D (1-868- [swww.nh	DASH-2- -327-42 htsa.do	2-DÓT (236) ot.gov/l				25	5-SEP-2003		eference No. 3040679	
Name	Ov	WHER INFOR	MATIO	M (Type o	ar Print	<u>}</u>			'	Daytime	: Talaphone Number	E-m	el Address	
Address							—							
Obv	ON PARK			State ,	PA	zip Cod	đq		_	Evening "	Telephone Number			
Do you authorize In the absence of Signature of Own	of ap out	to provide a thorization, i	e copy o HHTSA I	of this repo	ort to tim provide	e manufa your ner	retu me	irer of you or eddres	ur vah ss to ti Daba	Ne vehicle	YES Emanwacturer,] NO		
						CLE DEO		MATION						
17 digit Vehicle Iden PLEASE FILL IN	läfication	Number Locate	ed at bott	tom of which			54	Make CHRYSLER	Ř		Model TOWN AND COUN	TRY	Model Year 2001	
Date Purcha:		Dealar's Nor		Telephane	Number		4 /				Engine; No: Cylinders		Fuel Type:	
Original Own	er .	Dealer's City	V				Js	State	ZþC	Code	1	1	1	
Transvission Type	I	ntflock Brekes	7	ertrain	'					nent Code RICAL SYS			· · ·	
	Π¢	ruise Control					⊢	Multiple Failure: 5)/PART(5) INFORMATION						
:					D COMP	OFFIT	<u>5)/</u>	PART(S)	Hero	RMATIC	N / fee V	<u> </u>		
Incident Date(s)		re Milenge 50000	Falure	e Speed										
> 1:	<u>—</u>	ADDIT						ALEN REV	ORT		REFAILURE	=		
Tire Make				Tire Model (1	(Name or	r Number)					re Size (Example P2)	5/65R	d 5)	
DOT No. (Example:		(L9ABC036)	· ·	Original Prior Re	al Equipme tapair	ent	1	Failure Lbc	alion	-	,			
The Component Co	<u>æ</u>						_				e Feliure Type			
		ADDITION	ÄĹΠÞ						_		SEAT FAILURE	_		
Make: Sest Type:						nufactured on System	_	<u>.</u>		Model No.	./Nama:	—		
Child Seat Compone	ent Cod	le:	Fai	ied Part:					_					
				APPL	TCABLE	MCID	W.	DETORMA	ATTO	N	2.15			
Crash	Fire	¥ Ng		ber of Perso				Falleris), Cr iber of Dual		Reports	rv@eri.) ted to Police N	_		
Marrethre Descript Please describe (1	tion of L 1) event	incident(S), C to leading up (te the fe	Millure, (3) f	fallere an	nd Rs cer		Iquences,	and (f		ms done to cerrect t	the fai	llure;	
WHILE DRIVING T MORE DETAILED	THE DAS	SHBOARD LIGH	HTS AND			ICKERED	SU	IDOENLY W	VIHICH	RESULTE	ED IN POOR VISIBILI	лу. г	PLEASE PROVIDE	
1		•1												
-														
1														
1														

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 requished pursuant to notherity vested in the National Highway YouTic Safety Act and subsequent beautifulty. You are under no chilipation in respond this questionnels. Your response may be used to make the PRITEA in determining elections a female claver should take appropriate action to carried a resolution. If the NITEA processed with substitutive enforcement or Rightion against a resolutionary, year response, or a statistical assemblery thereof, way be used in support of the agency is action.

										Perm App	F44 61	O.H.J. No. 2127-100		
			DOT	Auto S	afety	Hattine			, r	OR AGENCY USE ON	ĻY	100161		
U.S. Depar			icie O Fo Repo	wner ort Vehi	's Qu Icle Ši	uestic	nnaire _{fects}		Date Re	celved	Rep	ository 🗌		
Matienal H				L -969 -D (1-988-					1 16	5-JAN-2004	Re	ference No.		
Treffic \$e		INT				4230) ot.gov/	hotline		:		ı .–	048640		
Administr	ation								i					
		OWNER INFO	LMATIO:	N(Type	or Pric	nt)			Cautivas	Telephone Number	E-00	all Address		
Name									OBYGIE	1660 THE RESIDE		an Abdress		
Address										Zalankana Nyeshar	[
CREY CAP	E GIRAR	DEAU		State	MO	Zip Cos	ė		CASIMIR	Telephone Number				
Do you autho	riza NHT	SA to provide	e copy of	this repo	art to t	he menuta	cturer of yo	ur vet	vicle?	ΣΩ yes □	NO			
In the absent	ce of an a	ruthorization, i	VHTSA W	ILL HOT	provid	e your san	es or addre			Manufacturer.				
Signature of	CWINE							Date						
<u> </u>							RUMATION			· ·				
		ish Number Locati	ed at botto	om of winds	shleid on	drivers sid		_		Model		Model Year		
1046125301							CHRYSLE	R		VOYAGER		2001		
D-1- D-	-bd ·	1	 -							 		<u> </u>		
Date Puri		Dealer's Na RING CHR'				*				Engine:		Fuel Type:		
Original C		Dealer's Cit		.,			State	Zbc		No: Cylinders <u>6</u>		Gas		
	1711	SAINT LO	•			. '	WD	631		1				
Transmission T	·~ []	Antilock Brakes	B				Vehicle C	оптрог	ent Code			I		
	:- I 						1100001	٠.						
. AUTOŅATI	╴╬╜	Cruise-Control	. 1 WINS	EL DAIVE			Nultiple Follure: 1							
							1 Transpier		٠.					
<u> </u>					<u> COM</u>	POPERIT()/PART(S)- IMP ()	RMATIC	ONE OF THE STATE O	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Incident Detel	(s) P8	lura Miesge	Falure !	•	}									
13-NOV-2003		46100	4!	5							•			
7 7 1 1 1		ADOT	TOWAL 1	TEMS TO	3 700 0	OM PLETE	Write and		NG A TI	RE FAILURE		· · · · · · · · · · · · · · · · · · ·		
The Make	; · .					r Number)				a Size (Example P21	5/65P	115)		
DOT No. (Escair	25:7084	massassas	 -				,							
		MALSASCU36)		Origina Prior Ru	a başı. Birlinin	THE T	Faikre Zo	četlon:	115	:	-			
The Companies	t Code	•							The	Folure Type		<u> </u>		
		ADDITION	AL TIPE	A TO BE	COMY	e Fried Wil		11100		SEAT PAILURE				
Makec				$\overline{}$		anufacture			Model No					
Seat Type;		· · · · · · · · · · · · · · · · · · ·		~~~~		tion System			MUCH NO	./AGNT2:				
Child Seat Com	ponent C	ode:	Fale	d Part:		NON STARRE	-							
				APPL	ICA N	E INCIDE	IT INPORM	ATIO				·· ·		
							L Failure(s), (
Crash ∏Yea 🛣	Fire	Yes 🛣 No	Numbe	or of Perso	ons Inti	M Cheru	mber of Dea	attrs		and to Politie N				
Remarking Dear	rietion o	Incident(S), (rasa ((((((((((((((((((and Inju	ry(kia)									
Lo, parta repui	ie (1) eve Ired ar ru	piaced (and Te	to the fil old part is	Bure, (2) i seve li nbi	Maliona R).	minis Re con	is eque aties,	and (3) What w	es goes en collect ;	ho fu	ikurė; .		
WHILE DRIVE HAPPEN WHIL	NG AT NEO E DRIVIN	HT, THE HEAD	LIGHTS S R MADE R	HUT OFF	FOR A					AME BACK ON. THE M THE DEALER WA				
ĺ														
}														

Inches. If available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHOPES IF NECESSARY
The Privacy Act of 1974-Public Law 91-879 This information is requested purplement to notice the Pirtual Highway Traffic Suffacy Act and subsequent consended with the Pirtual Highway Traffic Suffacy Act and subsequent consended with the subsequent of t

									- :		T			O.H.B. Ro. 2127-0444
							-	Hotline				R AGENCY USE ON	_	100148
U.S. Dep of Transp					leport	Vet	ıkde Ša	fety De	inaire _{Nects}		Date Rec	Ceived	Rep	oskory 🗌
Mational							DASH-2 -327-4				03	-FEB-2004	Ref	erence No.
Traffic 9 Adminis			IMI	HV	ETAN	rw.n	htsa.do	ot.gov/i	otline				100	056387
		OY	VNER INFO	MA	TION (Гуре	or Print	t)			P-1/4	Telephone Number	ë	1 4 4 4 - 4 4
Mama											Leyune	relepitore Number	C-III	Victors.
Address					lei	ate		Zip Cod			Evening :	Telephone Number		
- F	AIRFIE						ОН							<u></u>
Do you aut	horiza ince of	NHTSA On But	to provide Horization, I	8 COD VH 75	ny of th M	is rep NOT	wrt to th provide	e manufet Your nem	turer of you	our reh Iss to ti	icie? ha vahicia	MYES	NO	
Signature (-						Desha		<u>. </u>		
									RMATTON			1		
17 digit Vehic 2016P74L6		Ficution	Number Locat	ad at i	bottom	of wind	ichieki on	driver's side	Make CHRYSLE	ER.		Model TOWN AND COUN	TRY	Model Year 2002
	urchasi CT-02	ed	Dealer's Na KINGSWO									Engine: No: Cylinders 6		Fuel Type: Gas
Origina	Owne	г	Dasier's Cit CINCINNA						State OH	Zip (452		_		
Transmission	Тура	X A	ntilock Brakes	Pc	-	h					ent Code			
AUTONA	TIC.	X o	rubse Control	RI	EAR WI	EA.	ORIVE		Hultiple		UCAL SYS			···
					<u> </u>	AIL	ED COME	PONENT (S)/PART(S	INFO	RHATIO	N Service		
Incident Dal		Fellu	re Mleage	Fal	Lire Sp		7.7					٠.	•	···
22-OCT-200	¹²		30		O									
			ADDI	100	ML ITE	H\$.T	O BE CO	MPLETE	WHERE	PORT	NG A TU	RE FAILURE		·
Tire Make					Tire	todel	(Name or	r Number)	• • •	٠.	Пп	s Size (Example: P21	5/65R	15)
DOT No. (Ex	impie:	DOTM	ALSABC036)	•			al Equipo Repair	nent	Falure Lo	ocart lon:				- "
Tire Compon	ent Coo	je									Three	Fallure Type		
			ADDITION	AL I	TEH\$	TÓ M	e COMPL	יא פשדש.	IBI REPOR	TURE.	Y CHITD	SEAT FAILURE		
Make:						\Box		nufacture			Model No.	/Name:		
Seak Type: Child Seat Co			la.		Falled P		instaliati	ion System	r					
CIBU SCAL CO	шраж	int COO			- A II P		LICABLI	INCIDE	A INFORM	(ATE)				
,				<u>r</u>	base de	SCI CO	in detail ti	ne incidences	. Falkeels).	Contre	i), and inter			<u> </u>
Cnesh □Yes [X No	Fire	es XI No.		umber o	f Pen	sons Intu	red Nu	mber of De D	eaths		ed to Police N		
Narrative De Please desc	escripti ribe (1)	les of I event	ncide et(S). (物性	سائم ما	u, (2)	full are e	and its con	a edine aces	çund (t	i) what ye	of done to correct i	4 - fe	kere;
SINCE THE PULSE (SIM	DAY I I	OROVE OTHE	MY VAN OFF PULSE OF A I	OF T	THE DE/ RESCIE	ALERS NT TU	ELOT, AL	LOF THE MING UP O	LIGHTS (MA	AP LIGH DAY).	TS, DOME	LIGHT AND HEADL D OF THE PULSE CH	IGHTS ANGE	ON THE VAN

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 RPMS 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 DOESN'T TEST BAD ACCORDING TO THEIR COMPUTER "HEY ARE UNWILLING TO CONSIDER THIS POSSIBILITY. *AK

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

ATTACH ADDITIONAL SHEETS, JE NECESSARY

The Privacy Act of 1974 Public Law 83-879 This information is requested pursuent to evidently vegical in the National Highway Traific Indiaty Act and authorquark amunicipants. You are under no obligation to respond this quantitionable. Your response may be used to under the RHTMA in determining what her a Manufacturer should take appropriate action to correct a suffect of the NHTMA proceeds with subministrative endorungent or Righties against a manufacturer, year majorance or a statistical conversery themself, may be used in support of the equacy's action.

	· 						-			form Apr	erent:	OM 8. No. 2127-6004
A			TH.	OT Auto Saf	fety Ho	+Bra	:		ff	OR AGENCY USE ON		100079
U.S. Departmen of Transportatio			kle	Owner's	s Que: de Safe	stion ity Defi			Date Re		"	nustrary 🖸
National High Traffic Sulety Administration	_	IMT	er M	1-888-DA: (1-888-3: ET::www.aht:	327-423	36)	otline		26	6-FEB-2004		ference No. 057205
	01	YHER INFOR	HAT!	IDN (Type or	Print)					Telephone Number	<u> </u>	I Address
Name			_						Dayuna	Telephone Mulius	CTIE	III ADORESS
Address				1			<u> </u>		Evening	Telephone Number	1	
SCARBO	ROUG	л		State ME	E	Zip Code						<u>-</u>
Do you authorize of In the absence of Signature of Own	føn æut	to provide a horization, N	HTSA	/ of this report \ WILL NOT or	t to the n ravide ye	nar vfect our name	turer of you e or address	ur veh rs to tk Date	he vehicle	YES X	NO	
							RMATION					
17 riigit Veticle Identi 1C4J345317	Picetion	Number Locate	d at b	ottom of which	MED ON COM	Marte cicle	Make CHRYSLER	ł		Model VOYAGER		Model Year 2002
Date Purchase 19-NOV-01		MAINE LINE	EAUT	nd Telephone N TO CENTER	Limber		State	Za C	Engine: Fuel Tyr No: Cylinders 6 Gas			Fuel Type: Gas
Original Owne	,	Dealar's City SACO	<i>-</i>		<u> </u>		<u> </u>					
Transmission Type AUTOMATIC		ntilock Brakes ruise Control		_M ertrain IONT WHEEL DR	RIVE	_	Vehicle Co 121000 E			e ITING:HEADLIGHTS		
	- LEV	UBE EURAG		Jiii 1			Multiple Fr	alure	: 1			
·					COMPO	#36 (8))/PART(S)	INFO	MMATH	BB Condition	· ·	
Incident Date(s) 30-IAN-2004		re Mileage 44000	Fallu	ure Speed	· !						·	·
<u> </u>		ADDIT	TON	AL ITEMS TO			WHEN REP	ZORT.				
Tine Make · ·				Tire Model (Ne	ama or Ni	umber)	200		Th.	re Size (Example P21	.5/65P	(13)
DOT No. (Example:		L9ABC036)		Original 6	Equipmen sair	ıt .	Failure Loc	cátion			•	1
The Component Cod										e Fallure Type		
		ADDITION	AL II							SEAT FAILURE		
Make:			_		eta Menul				Model No	./Name:		
Seat Type: Child Seat Compone		49=		<u> lins</u> Fa ile d Part:	stalation	System	<u>- </u>	—				
Chen Scott Company	Mi Con	4:		APPLX			IT INFORMA					· · · · · ·
				ieme desaibe in o	detail the i	habent/s).	. Faikre(s), Cr	nerica	r), and inte			·
Cresh Yes XINo				mber of Person		3 ma	imber of Deal	ltre -	Kepa	ted to Police N		
Le, parts repetred	or repb	ts leading up t aced (and if o	to the	e fictore, (2) fo int in aveliable)	allero ond					was done to correct (
										/ARNENG, LEAVING C R CORRECT THE PR		

and the second

15 19 to

Include, if available; Police/Fire Department Report. Photos, and Report Invoke.

ATTACH ADDITIONAL SHEETS (F NECESSARY
The Privacy Act of 1974-Public Law 90-879 This information is requested pursuant to an thority verted in the lithinal Highmay Traffic Sufety Act and subsequent assessment. You are under no obligation to respond this quietteeskel. Your response may be used to assist the MITSA is determining electors a Maantachurer about the superoprists action to correct a sufety direct. If the MITSA precands with administrative enforcement or higorion against a support and in support of the opency action.

											Torra Acq	أعووا	D.H.S. No. 2127-0006		
			DO)T Auto !	Safety I	Hot	line			FO	R AGENCY USE ON	LY :	100148		
U.S. Department			icie i	Owner	r's Qu	les fet	tion v Def			Date Rai	zelved	Rep	ository 🗌		
National High Truffic Safety Administratio	way f	INT	EKNET	1-868- (1-888 Taww.ii	DASH-2 B-327-4; nhtsa.do	2-DC 236 ot.g	ĎΤ J)			18	-FEB-2004		Terence No. 058438		
	DV	WHER INFOR	MATI	ON CTYPE	or Print	()	_	-		Pout imp	Telephone Number		2 à dérace		
Marne Address											CONTRACTOR CONTRACTOR	f	M Address		
City	225			State	MID	Zip	Code	-		Evening 1	Telephone Humber	1			
Do you authorize		to mayida	- cank	of this ca		1				into 3		<u> </u>			
In the obsence of Signature of Own	f on outi	horization, n	HTSA	WILL NO	T provide	you	r nam	a or addres	our Pen Se to ti Debt	he vehicle	Manufacturer.	NO:			
				-				MATTON							
17 digit Vehicle ident 2C8GP74L52	äfication i	Number Locate	ed at hot	ttom of wirk	dishield on driver's side Males CHRYSLER				Model TOWN AND COUN	TRY	Model Year 2002				
Oete Purchas 25-JUL-02		TATE CHRY	YLER 41	Talephone Number 10-259-5454			1		Engine: No: Cylinders <u>6</u>		Fuel Type: Gas				
Original Owne	"/	Dealer's City ANNAPOLIS						State MD	Zþú	Code					
Transmission Type	X Ar	ntilock Brakes	. Pow	ertmh					•						
AUTOMATIC.	团合	ruise Control	,FROI	HEEHW THE	LORIVE			110000 ELECTRICAL SYSTEM					·		
<u> </u>	<u></u>							Multiple F			<u> </u>		·		
Incident Date(s)	5a t ir	re Mileage	Eathur	FAILI e Speed	ED COMP	ONE	<u> </u>	/PART(S)	LINERO	RMAT10	<u> </u>				
14-AUG-2003		8000 8000		25				·							
		ADDIT						WHEN RE	ORT			٠,			
Tire Make	• •			Tire Model	(Name or	. Nim	nber)			Tire	Ske (Example 221)	5/65R	15)		
DOT No. (Example:		Tayacoae)		Origin	nal Equipm Repair	ent		Falure Loc	atton:	70	:	• `			
The Companient Car	1e					_			_	Tire	Fallure Type				
	<u> </u>	ADDITION	ALITE	345 TQ B	E COMPL	ŊË	Ď WH	N REPORT	TING /	A COCC 9	SEAT PAILURE				
Make:					Data Man					Model No.,	/Name:				
Seat Type: Child Seat Compone	ant Cod	e:	Fal	jjed Part;	Cretalistic	<u>М 5</u> у	/stem:					.=			
				APP	LECABLE	IN	IDEN	DEORM/	ATTO	N .					
Crash □Yes (X)No	F⊮e	es IXI No		ber of Pers Der D	sons Intur			Faller(6), Co riber of Dear 0		Reporte	ries) ed to Police N				
Nurretive Descript	ion of In) avents	ncident(#), Cr w isading up t	to the A	e), und Inj foliare, (Z)	jury (tes).) failure ar	nd K	2 COM 6		and (3		s done to correct t	he tel	lures		
FROM THE ALMOST OUT FOR SEVERAL NOTICED A RESITA FLUCUATED. THE SAME PROBLEM FLUCUATED LIGHTS CON A SLIGHT INCLORIFT QUICKLY, A WAY. ABOUT OUT INCHES WHILE THE HASN'T OPEN SINCE	IT DAY O L MINUT ATION A IN THE H LASING, CAME OI LINE WH AUMOST TOBER T TOBER T E CAR V	ONE THIS CAN TES, THEN TH AT ABOUT 40 EADLIGHTS II BUT DO APP IN AT ONE TII EN STOPPED CAUING AN A TO NOVEMBE WAS IN HOTE ABOUT 3 WE	RS HAS 1E FUEL) MPH W BEGAN TO ME. YOU) FOR A ACCIDE ER TIME FON AT A BEKS AG	S HAD ELEC L PUMP ST/ WHEN THE I TO FLASH O HAVE SO SU COULD! A TRAFFIC ENT. THE E PERIOD, ABOUT 25 GO NOW,	CTRICAL F ARTED TO CAR WAS I VIOLENTI DIME MINO NOT TELL LIGHT OR DEALER T THE DRIC SMPH. A THE PASS	D OPI S PUI ILY. DR FL L WHA R ST(TATE VER' DOO SENG	ERATE LLING A SWI LUTTER AT GE OP SIG OF GL S SIDE OR MOD ER SIG	EPOORLY, A INCLINE. TH WAS FIF RES IN THEM AR THE TRA SIN. WHEN THEM EPOWER SI DOLE WAS I DO DOOR ST	THEM. THEM MALLY M FRO ANSME TAKIN M. LIDING REPLA TARTE	A SUGHT I THE HEA REPLACE IM TIME TO SSION WA IG YOUR FO SAID THE IG DOOR UR ICED TO SO ID TO DO T	JIGHTS LIGHT UP AN HESITATION BEGAN TO AND THE LIGHTS H I TÎME, AFTER THIS IS IN. THE CAR AL OOT OFF THE BRAK CAR WAS DESIGNE NLOCKED TISELF AN EE IF THAT SOLVED THE SAME THING. E E BECAUSE IT IS ON	NAT 1 FLUT AVE N S, ALL SO W TE, TH ED TO D OP THE I SOTH	DLE. THEN 1 TER AS RPMS TOT HAD THE OF THE GEAR OULD NOT HOLD E CAR WOULD WORK THAT EN ABOUT 10-12 PROBLEM. IT		

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

The Privacy Act of 1974 Public Law 63-879 This information is requested parameter to exthereby vested in the periodni Highmany Traffic Selecty Act and subsequent unmediatents. You are under no obligation to respond this questions has "Your subsequent may be used to select the NATION in determining whether a Manufacturer should be propriete action to correct a substy defect. If the NATION action is interested or bigstion against a manufacturer, year response, or a statistical substratery thereof, your leaders against a support of the agency action.

										Ferre Apr	-	OM.B. Bo. 2127-0008
a			D	OT Auto Sa	afaty Ho	-Fine			Fſ	OR AGENCY LISE ONL		9999999
U.S. Departmen of Transportation	ion	Veh	ikle	Owner's eport Vehic 1-888-04	's Ques icle Safet	stion	inalre fects	1	Date Rec		~	positiony 🗆
Mational High Traffic Safety Administration	y Ó			(1-868-3 ET avvocabl	327-423 itsa.dot.g	36)	notilne		15-	5-JAN-2004)	ference No. 1071189
Name		WHER INFOR	MATI	LON (Type o	r Print)				Daytime	Telephone Number	E-m	al Address
Address			—						f		ĺ	
City COOKEY	-711 E	<u> </u>		State T	Z	Op Code	ю		Evening *	Talaphone Number		
Do you sutherize In the ebsence of Signature of Own	NHTSA f an aut	A to provide i thorization, f	в сору ІНТЗА		ort to the m provide you	OUF DEM	ne or addres.	ess to th Date	hicle? he vehicle n	YES D	NO	
			<u> </u>				RMATION					
17 digit Verkde Identi 288GP74L41						er's side	Make DODGE			Model GRAND CARAVAN		Model Year 2001
Date Purchase Original Owner		Dealer's Nan		nd Telephone N	(umber	<u></u>	State	Zb C		Engine: No: Cylinders		Fuel Type:
		LAGGAV										I
Transmission Type, AUTOMATIC	=	Antilock Brakes Truise Control !]	wertrain	· .	,			nent Code IOR LIGHT		_	
·						1	Multiple Fo				_	
	<u>—</u>				COMPON	क्या(८))/PART(\$)) (100	RMATIO	38. + + 2. +	<u> </u>	
Incident Date(s) 15-MOV-2003		ure Mileage 45000		ire Speed					•	· . ·		
and the second		ADOIL					WHEN RE	PORTY		RE FAILURE	_	
Tire Make			<u></u> []	Tire Model (No	ama or Nur	mber)			Tire	e Ske (Example P215	5/65R	15)
DOT No. (Example:)	DOTING	ALSABCO36)	\top	Original E	Equipment pair	E	Failure Loc	catton			•	
The Component Cod	Æ		—	Time	<u></u>			_	Thr	e Failure Type	—	
	_	ADDITION	AL IŢ	EMS TO BE	COMPLET		EN REPORT	TONO /		SEAT PAILURE	_	
Make:	_				ate Manufa			\Box	Nodel No./	/Name:		
Seat Type: Child Seat Componer	ant Cor	-la:	— <u> </u>	Ins	nataligition S	ystem					_	
Alle Mars ware	All Con-	<u> - · · · </u>		APPLIC	CABLE IN	CIDEN	T INFORMA	ATED			_	
Cresh	Fire			non-describe in a larger of Person	detail the inc	ckerts.	L Faltreist Co Mber of Deet	Constr(er)), pand Indiany	red to Police		
	l 🗀 Ye	es EXINo		•			/Des 0	ΠiΦ		N PORCE	-	
Herretire Description Please describe (1) Le, parts repaired o	ion of Ir) events or repis	Incident(5), Cr to leading up t lecad (and if ol	to the 1 Hd part	failuro, (2) for it is available))-					es done to correct th		<u> </u>
GO UP. THEY SAID REMOTE UNLOCKS	D THEY (S THE DO EADLIGN	/ COULDN'T FD DOORS, FLASH BHTS TURNED (EX IT UN HED & C OFF W	INTIL IT STAYE COULDN'T BE	/ED BROKE) E TURNED (EN 3) 11/ OFF. Th	L/06/03 AT 4: THE HEADLIG	45,000 GHTS W) MELES THE WOULD NO	WOULD PERIODICAL HE LIGHTS WHICH FL OT WORK WHEN THO I. IT HAPPENED 4 TIM	LASH V IS HAP	WHEN THE PPENED.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Laws 93-579 This information is requested personnel to authority vested in the Mitthead Highway Traffic Sufety Act and subsequent amendments, four are under no obligation to respond this quantiments. Your response may be used to expire the introd in subserving whether a Manufacturer should take appropriate action to correct a safety defect. If the MITSA proceeds with administrative enforcement or Eigenton against a manufacturer, your response, or a statistical gammany thereof, may be used in support of the agency's action.

FOR AGENCY USE ON	
Received	Repository
03-MAY-2004	Reference No. 10071987
ne Telephone Number	E-mail Address
ng Telephone Number	-

Date Received

DOT Auto Safety Hotline

1.1.1

Vehicle Owner's Questionnaire

of Transportation		1	o Repo	rt Vebi	icle Saf	lety Def	fects					
National High				- \$\$8 -D					03-	MAY-2004	Ref	ference No.
Traffic Safety		THAT		(1-888-		t.gov/h	act line				10	071987
Administratio	n	A/411	LANE I A	7H-42A	K41.00	- Most	IX. ER					
	ÇV	MER INFOR	MATION	(Type (or Print				Paratira :	Yala-basa 86	-	
Name								i	Dayuna	Telephone Number	C-III	NAGUES
Address									Success 1	Calambana Manhar		
CRy FAYETTE					NC	Zip Cod				Telephone Number		
Do you authorize In the absence of Signature of Own	NHTSA er sut er	to provide i horization, N	CODY OF DITSA W.	this repo	rt to the provide	your nam	turer of you e or eddress	r veh. s to th Dabe	icie? le vehicle i	☐ YES X manufacturer. i	NO	
					VEHIC	LE DIFO	RMATION					
17 digit Vehicle (dest	Realton	Mumber Locate	ed at botto	m of whole	hield on d	iriver's ski e	Make			Model		Model Year
2C4GP44391							CHRYSLER	l		TOWN AND COUN	TRY	2001
Date Purchase	ed	Dealer's No	me and To	elephone	Number					Engine: No: Cylinders		Fuel Type:
Original Owne		Dealer's City	<u>, </u>				Stata	Zip C	ode			
Transmission Type	_ ·	vidlock Brakes	Powert	brah			Vehicle Co 121000 E			ING:HEADLIGHTS		
		ulsa Control					Multiple F	alure:	2			
	•			FAILB	D COMP	ONENT(8)/PART(S)	PPO	RMATIO	N	:	
Incident Date(s)	.FpBu	re Mileage	Fallure 9	Speed				_	···			
19-MAR-2004		67000										
1 .10	· .	ADDIT					WHEN RE	ORTI	MOATO	RE FATLURE		
The Make			<u> </u>			Nurrber)			Tire	: Size (Example P21.	5/65R	
DOT No. (Example:		USABC036)	<u> </u>	Origina Prior Ri	i Boulom epair	ent ·	Fallure Loc	ation:		j 77.		
Tire Component Cod	ie								Tire	Failure Type		
		ADDITION	ALITEM	S TO BE	COMPL	ETED W	IEN REPORT	'DIG /	A CHOLD	SEAT FAILURE	-	
Make:					Dete Man	ufacture	d :		Model No.	/Name:		
Sent Type:					installatio	n System	T.					
Child Seak Compone	nt Cod	a :	Faile	d Part:								
			en e				I INFORMA		-	4644) 1		
Crash	Fire		-	r of Pers	7-4		. Fellowitt Comber of Den			ed to Police		
Yes X No	D _Y									N .		
Pierretive Descripti Piesse describé (1) Le, parts répéléed () drant	e leading up	to the fai	lara, (2) i	faillure a	nd Its con	SANJER BOLE, I	E) bne) what w	e done to correct t	he fe	gerat ,
WHILE DRIVING H	EADLIG	HTS FLICKER	LED INTE	RMITTEN	TLY. AT 1					OMPLETELY FOR A FIED, BUT DLD NOT		

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Princy Act of 1974-Public Law 83-578 This information is requested perforant to authority varied in the limited Highamy Traffic Safety Act and Safety Court States are under no chilgation to request this quantification way be used to scalet the NITSA in determining whether a Manufacturer physical pulses action to correct a safety defect. If the NITSA processed with advantation understanding Rightles against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

												North All	HOVer	E O.H.B. No. 2127-000
			DO	F /	Auto f	Safety H	Hotine	4		!	Ff	OR AGENCY USE ON	ILY	100148
U.5. Deportme of Transported	ant don		To Res	epoi	ort Yeh	r's Que hicle Saf	ifety De			,	Date Re	ceived	Rep	pository 🗌
Mational High Traffic Safety				(1	1-868	DASH-2- 3-327-42	236)			,	15	9-XVL-2004	Re	eference No.
Traffic Safety Administratio		М	ERNET			intsa.do		/hv	atine		[10	0082232
	- OV	WIER INFOR	MATE	.DN	(Туре	or Print	<u>a</u>	_				Telephone Number	 	4 - 444
Nome Address	Ì	<u> </u>		_				_			Dayuna	Teleprone mules	E-ne	il Address
City				Ŧ	Shate		Zip Coc	4			Evening	Telephone Number	1	
SUMTER						34.			 _	'	Щ_		\perp	
Do you authorize In the absence of Signature of Own	an eut	to provide a thorization, h	HTSA	of a WI	his rep	ort to the	meruta your nei	nct Mi	e or address	s to th	hicle? the vehicle z <u> </u>	Pres X e manufacturer.	NO.	
	_			_	<u> </u>				RMATION	_				
17 digit Vehicle Ident		Number Locale	ad at bot	chotr	nof who	shidd on d	river's ski	æ				Model		Model Year
2C4GP34382								1	CHRYSLER			TOWN AND COUN	TRY	2002
Cate Purchas 01-AFR-02	!	Dealer's Nam SUMTER CH	HRYSLE	/Tel ⊒R/I	lephone DODGE	Number 80346990	030	_				Engine: No: Cylinders <u>6</u>		Fuel Type: Other
Original Owne	ır j	Dealer's City SUMTER	ī	•			<u></u>			Zip C 2915	Code .50		1	1
Transmission Type	A K	intilock Brakes	Powe	ert				7	Vehicle Con	mpon	nent Code	-	—	
AUTOMATIC	<u> </u>	rube Control			MHEBL	DRIVE			·			STEM:WIRING '		·
			1_	_				J	Multiple Fal	lure:	: 1	<u> </u>	_	
` .	<u>—</u>	<u> </u>	<u> </u>			AT COMP	OHDET!	த)/PART(S) I	DFC	RHATE	M.	1	
Encident Date(s) 09-SEP-2003		ire Meage 13500	Pallure	re Sp 55	,					•				
y , 5 -	=	ADDT							WHENREY	अरा		RE FAILURE		··
Tire Make						(Name or I						e Ske (Brample P21)	5/65R	45)
DOT No. (Example:	DOTHA	(L9ABC036)	—		Orkina Prior Ri	al Equipme Récair	ent	T	Failure Local	·Uca:			•	
The Component Co	de			<u> </u>	Pras	<u> </u>				_	·	Fakure Type		-
		ADDITION	AL IIT	₩	4109	2 COMPU	et et w	सर	AN REPORT			SEAT FAILURE	—	
Make:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		Date Manu	iufacture i	ed:	:	_	Model No.		_	
Seat Type: Child Seat Compose	Cox	<u> </u>	Egy	<u>-</u>		Installation	n Systen	m		_			_	
THE Sear Conspicus	AK Livery	<u>8:</u>			Part:	TCABLE	INCIDE	स्र	TINFORMAT	TIO			—	
Crash	Fire	,			фертіра А	to detail the	e incluentis	ísl. f	February Committee of Death	et/ca)	i), pod Interv	ov/lest.) ted to Politos		
☐Yes XINo	☐ Ye						Щ		DA DI PERM	15		red to Polica N		
Nerrativa Descripti Pinase describe (1) La, porto repaired o	ijon of In i) evente or repin	incident(8), Cr te leading up t most (and if o	to the fi old part i	fiilu tie e	ure, (2) i evalisti) fallure an 4).	nd its com				3) Walset wa	ne donn to correct t		
HEADLIGHTS FLIC	XERED E	BETWEEN BR	NA THREE	VD V	VERY D	DIM. SWITE	T CELZ A	IG NA	HTS BECAME ARM BUT HAV	E VER VE N	Y WARM OT FLICKE	I TO TOUCH, DEALER ERED YET, VEHICLE !	I CLAI	IMED SWITCH WHEN BOUGHT.

Include. If available: Police/Fire Department Report, Photos, and Repair Invokes.

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-879 This information is required purposed to entire By vested in the fittings the figure Tradit Safety Act and subsequent behaviorable. You are made no editorial figures or determining whether a Manufacturer should lake appropriate action to correct a aginty defect. If the MITSA precesses with administrative enforcement or litigation against a manufacturer, year response, or a statistical person, the response in augment of the agency's action.

-										1			
			_		OT Auto S	•			7	<u> </u>	DR AGENCY USE ON		100184
	U.S. Department	tion	Veh	icle / To Re	Owner val	r's Qua hicle Sa	restion riety Dei 2-DOT	inaire _{fects}	1	Data Rec	seived	Rep	pository 🗌
l	National High Traffic Safety Administratio	Y			(1-868	8-327-47				05-	-AUG-2004		oference No. 0087319
,			WHER INFOR	RMATT	он (туре	a or Prior	£}		$\overline{}$			Ļ_	
1	Nerse									Daytine	Telephone Number	E-m	wil Address
1	Address									in anima	Talaphone Mumber	4	
1		GROVE			State		Zip Code		!			┸	
	Do you authorize In the absence or Signature of Own	of an aut	to provide thorization, f	e copy IHTSA	of this rep WILL NO!	T provide	e your nam	ne or addres	usir to the Dete	hicle? the Vahicle to	YES LE PRANULACTURAL, L	XI NO	
1								RMATION				_	
	17 digit Wehide Iden 284GP4431		Number Locate	ed at bo	attern of white						Model Grand Carayan	•	Model Year 2001
	Date Purchas		Dealer's Na		1 Telephon	e Number	<i></i>				Engine: No: Cylinders &		Fuel Type: Gas
	Original Owne		Dealer's City	-				State		Code	<u> </u>		<u> </u>
. 1	Transmission Type		Antilock Brakes	1	wertrain					ment Code AGS:FRONT	e Ital:sensor/cont	ایانت	- PORTILE
•••••	AUTOMATIC	⊠ cr	ruise Control			•		Multiple F			ALBERTY	Riv.	ODULE
		-		<u> </u>		ED COMP	AONENT(S	9)/PART(9)) DEC	KIMATIC	A.		
	Incident Date(s) 18-SEP-2001	Fallur	ure Mileage 1830		ire Speed						.*** .*		
-v	1.1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u>—</u>	ADDI						PORT		RE FAILURE		
· ".	Tire Make			3	Tire Model	d (Name or	r Number>			Thre	e Size (Example P21	L5/65P	(15)
	DOT No. (Example:		(ISABLUJO)		D Prior	hal Equipm Repair	ent	Falure Loc	cation:		·		
1	1 Fel Chilippe	.0a	* 1001110			т	- ज्या		-च्यह		e Failure Type GRAT FATH HOE		· .
Ţ	Make:	—	Who I have	ALIL		_	nufactured		_	Model No.	SEAT FAILURE	—	
1	Seat Type:						ton System			Може ен.	/RETE:		
1	Child Seat Compone	ent Cor	de:	F₹	alled Part:								
1	•			/Ply				NT INFORMA C), Ferencis), C					
	Crash			Mumi	mber of Pers C	rsons Intur }	ured Nu	umber of Dea 0		Reporté	ted to Police N		
	Harrative Descript Please describe (1 Le, parts repaired	rtion of 1) (1) erross d or repla	Incident(\$), C its heding up lecad (and if c	Crask(e) to the i old part	rt is sveitsb	2) Sell ure e ible).	and like coru				As dime to correct I		
	WHILE DRIVING A DEFECTIVE, CLO WANTED TO. *AK	DCKSPRIF	SPEED A(R B ING WAS RE	AG LIG PLACED	HT STAYED FOUR TIM	DON. DE	EALER EXA), DASHB	MINED THE OARD LIGHT	VEHIC TS ANY	ELE, AND I	FOUND THAT THE C GHTS CAME AND OF	1000 F WH	SPRING WAS ENEVER THEY
									-				

Include, If available: Police/Fire Department Report, Photos, and Repair Involce. ATTACH ADDITIONAL SHEETS IF NECESSARY The Privacy Act of 1974-Public Law 93-879 This Intervention is requested to authority vented in the Hetioral Highway Traffic Defaity Act and authority represent to authority vented in the Hetioral Highway Traffic Defaity Act and authority and authority was provided in the Hetioral Highway Traffic Defaity Act and authority and authority was response to sent the Hetioral Highway Traffic Defaity Act and authority defacts and authority of the Approved with administrative expression of Highway Private and Sentence of the Approved Sentence of the

										fam.ler	rossil: D	LHLR. No. 2127-1000
	>			DO	IT Auto	Safety	Hotline		FC	OR AGENCY USE ON	LY 13	368
	. Departme renaportati			kde	Owne	ır's Qu	estion		Dute Re	celved	Rapo	stery 🗆
	lasel High		-		1-885-	-DA5H-2	Z-DŐT	166.55	1			
	ffic Safety					8-327-4			06	-DEC-2004	1	erence No.
	n Indetratik		INT.	ERINE	raww.	nhtsa.o	lot.gov/h	notline			100	99856
Name		QΝ	MNER INFOR	MATI	ом (тур	e or Prin	ŋ		Daytims	Telephone Number	E-mail	Address
Addres							——	<u>·</u>	-			Man va
City	CRYSTA	LLAKE			State	IL	Zip Cod	=	Evening	Telephone Number		
In the	e sutherize obserce of ture of Own	f an aut	i to previde : thorization, ii	ocopy INTSA	of this re WILL MO	sport to th IT provide	ie macufae 2 your nam	cturer of your ve ne or address to : Dat	the vehicle	M YES	NO	
3-4-4-	HE 0. V							RMATEON	<u>*</u>			_
17 digit 1	Vehicle trien	tification	Number Locate	ed at b o	attorn of wh					Model		Model Year
1B4GP4								DODGE		CARAVAN	- 1	2002
	eta Purchas 27-OCT-01		Dealer's Nar SUNNYSIDE							Engine: No: Cylinders 6	一	Fuel Type: Ges
Ori	iginal Owne	ır.	Dealer's City MCHENRY					IL 600	Code 050	<u></u>		
Transmit	ission Type	X A	ntilock Brakes	: Pow	ertrain			Vehicle Compo			· .	
AUT	DMATIC	X C	rulee Control					Multiple Failure		TING:HEADLIGHTS.	<u></u>	· ; <u> </u>
 		Ь			FATI	ED 00M	-CAERIT/S)/PART(\$) INT		-		
Incident	t Date(s)	Falu	re Menge	failu	re Speed		- Contract C)/PARIÇE/ MET	ORDER 1 Ex		· . · ·	
24-SEP-			45000		45					:		· · · · · · · · · · · · · · · · · · ·
		· ·	ADDIT					WHENREPORT			. :	
Tire Make				'			r Numberi	· ·	·Tim	e Size (Example P21	5/65R1	.5} -
			AUSABCO36)		Prior	hai Equipa Repair	Marit ————————————————————————————————————	Failure Location	1:			· ·
Tre com	ponent Co	<i>d</i> e								: Fallure Type	•	
			ADDITION	AL IT	MS TO F	SE COMPI	ETED WH	MEN REPORTING	A CHILD	SEAT FAILURE		
Make:							nufactured		Model No.	./Name:		
Seat Typ		2.7.4					Son System	5				
Child Sea	at Compone	int Coo	es ·	Fa	iled Part:							
				Pia				er informatio Leakenti Crasks		v/legt)		
Cresh		Fire				rsons Intu		mber of Deaths	Report	ed to Palica		
			es IX No				<u> </u>		Щ	N		
Please d	Heacriba (1) event	ncidest(5), C to leading up 1	to the	felture, (2	Z) feiliure a	ind its com	ecquences, and (3) what w	er done te correct (ha falle	ere;
		_	aced (and Fe	_				THE SECUENCE		- 14		
TO 10 S	THE HEALL SECONDS (JN TWC	ARE IN USE III	HET W 5. THE	COLLEGE	HIP WAS	NOTIFIED	TLY. THE HEADU BUT DED NOT RA	(GHTS ALS) ESOLVE TH	D WENT OUT COMP E PROBLEM, *AK	LETELY *SC	FOR ABOUT 5
				•				,	mount	LINOULA III.		
										•		
Indude.	. If evallab	e: Polo	e/Fire Departs	ment P	lepart. Pl	notes, and	Receir Im	oke.	TA	TACH ADDITIONAL	Q-EFF IV	E TE MECECCADY
The Privace	y Act of 1874	4-Public I	Law 83-579 TM	la Inform	netice is re	I HOSTAN DO	intuitet to av	ethority years 4 to 16	es Nickies et A	Haloure Traffic Safety	act and a	
s booki tiska	وروبط محاضه م	prominen	property is the	dety det	Apple 17 like	March Age Based	causis with m	r may be uppd to ga Krakisk rather yeder	Het the MATI Careat or 3	SA is determining schol tigation against a man	ther n 24:	All facturer II. Tour 18000Me.
or a statist	tical eminar	ry the rec	of, may be used	pu embi	part of the	Particina pr	#as					.,,,p,

			DOT	r Auto S	Safety	Hotifne		FI	OR AGENCY USE ON	LY	1220
U.S. Departme			ricie C To Rep	Owner Port Yeh	's Qu	estion	nnaire fects	Date Re	beveo	Rep	outtory [
Mational High Truffic Sefety Administration	hway Y		-1	1-888-D (1-885 -	DASH-2 -327 -4	2-DÔT		B7	7-DEC-2004	1	ference No. 099858
		WHER INFOR	PHATIC	ж (Турс	or Pris	t)		┺	··		
Nema				******		<u></u>		Døytime	Telephone Mumber	E-ma	Bil Address
Address									The base by maker	1	
CREY CALABA					ML.	Zip Cod			Telephone Number		·
Do you authorize In the absence of Signature of Own	of an aut	A to provide a thorization, i	a copy of NHTSA N	f this raps VILL NOT	art to the provide	ie manufee è your nem	cturer of your vei ve or address to t Deb	hicle? the vehicle to/		l no	_
					YEO	CLE INFO	RMATION				· · · · · · · · · · · · · · · · · · ·
17 digit Vehicle Iden 2C8GP742U2		Number Locate	ed at butt	om of which					Model TOWN AND COUN	TRY	Model Year 2002
Date Purches 01-SEP-01		Dealer's Nar GRAFT CHE			Number	E			Engine: No: Cylinders 6	i	Fuel Type: Gas
Original Owns	er	Dealer's City	y			-	State Zip (Code	- Charges 6		985
Transmission Type	` `	unkliock Snekes	1	rtrain			Vehicle Compor		TING:HEADLIGHTS:S	witt	
AUTOMATIC.	X C	inuisa Control	,				Multiple Failure			MT4. ~	
			<u> </u>	PAILE	D COM	PONEDIT(S)/PART(S) INFO	RMATIC	N		
Incident Date(s) 10-NOV-2004		re Misage 45000	Failure :	Speed 50						٠.	
. :		APDIT					WHENREPORT	_			· · · · · · · · · · · · · · · · · · ·
The Make		·		ire Model (-	Tipe	e 5ke (Example P21)	5/65R	15)
DOT No. (Example: Tire Component Co		ILSIASCU36)		Orlgina Prior Ro	l Equ ip m Spair	rent .	Feiture Location:	· 	· · ·		
					- CONTA				Fallure Type		
Make:		VOOTI TOW	VEHE	_		rufactured	IEN NEPORTING	_			
Seat Type:				-		km Systems		Madei No.	/Name:		
Child Seat Company	ent Cod	e;	Faile	ed Part:							
			Pleas	AFPL e desake (ICABLE in detail if	i incidient se haldantis	T INFORMATION Faluri(s), Crashles	N e), ared initial	v/lest)		
Crash	Fire			er of Perso			mber of Deaths	Reporte	ed to Police		
Yes XiNo Nametive Descript Please describe (1	tion of it	incident(S), C to leading up t	to the fel	i llure, (2) 1	to flure or	Ind Bocom			N ne down to correct ti	be fel	fare;
HEADLIGHTS WO	RICED IN	NTERMITTENT	_			HRYS ER ,	AND WAS TOLD T	THAT THE	HEADLIGHT SWITCH	1 SHC	ORTED OUT, AND
IT HAD TO BE REP	(ACED)	*AK *IC									
											,
											j
Include. If available	a: Polic	e/Fire Depart	ment Re	port. Pho	tos, and	Receit In	roica.	AT	TACH ADDITIONAL	SHEET	TO TO MEATPOON DV
he Privacy Act of 1974 examining type, You bry	4-Public L	Law 93-579 This obligation to re	is informat respond thi	tion is requi	mated pur maire. Yes	Filiant by a pi	thority vested in the	i Nathau) (1) fat the NATH	ighomy Troffic Selecty A Lik is Automobiles when	ict and	subsequent
should take appropriate or a statistical summer	to action (to correct a said	utaky defect			complete with a d	denisistrativa e storo	manut or R	Specifies against a manu	rischer	or, your response,

											ID: TO	di D.M.L. No. 2147-004
			DOT	r Auto Sa	afety i	Hotilna			FC	OR AGENCY USE ON	LY	100215
U.S. Departme of Transportati	nt on		icie C To Rep	Dwner'	's Qui	estion			Data Re	oslved	Rep	positary [
National High				1-888-D (1-868-					21	-DEC-2004	Re	eference No.
Traffic Safety Administratio	×		ERMET	swww.nh	htsp.dc	ot.gov/h	otline]		10	0101308
No ma		THER DIFFOR	MATIG	er (Type c	or Print	<u></u>			Daytime	Telephone Number	Е-т	ni Address
Address								—].	
City YUKON					ок	Zip Code				Telephone Mumber		
Do year authorize In the abrence of Signature of Own	f an auth	to provide a horization, N	HTSA W	f this repo VILL NOT	provide) marufac your nam	turer of year e or addres	ur vek iş to ti Dabi	he Yehicle	Tanufacturer.	NO	1
					VEHO		RMATION	_				
17 digit Vehicle Ident	Flootken)	Number Locate	ed at bott	on of whole	shleid on d	kiver's side				Model	_	Model Year
1C4GM5311	-						CHAYSLER	·		VOYAGER		2001
Date Purches 19-NOV-01		Dealer's Nar BOB HOWA	ARD AUT	D GROUP	Number 877-944	5-2842 	1	<u> </u>		Engine: No: Cylinders <u>6</u>		Fual Type: Gas
Origin <u>al</u> Owne	ʻl	Desier's Oty OKLAHOMA				ı	State OK	731	Code 14			
Transmission Type	X Am	tliock Brakes		rtrain 🐇			Vehicle Co	ompon	vent Code			
AUTOMATIC	II Crv	uise Control	ļ ·.				Multiple F	_		TING:HEADLIGHTS		
				#4 P #	^ COMP)/PART(S)					
Incident Date(s)	Fallon	в Мвеада	Falure		·	Ultarii (a)	// PARILE/	HTY	APPENIENCE .	<u> </u>		
20-SEP-2004			20	נס	 							
• harris		ADDIT					WHENRE	ORT		RE FAILURE	_	
Tire Make				ra Modal (N					The	Site (Example P21)	5/65F	R25)
DOT No. (Example:	DOTMAL	SABC036)		☐ Ortginal ☐ Prior Re	Equipm epair	ant	Fakire Loc	atton:	·•. ·.	:		
The Component Coo	ė								Tire	Falure Type		· · · · · ·
		ADDITION	AL ITE	ES TO BE	COMPL	ETED WH	EH REPORT	1,3		SEAT FAILLIRE		
Maios:						ufactured			Model No.	/Name:		
Seat Type: Child Seat Compone	-t-Corle		· Ealla		nstallatio	yı System	<u>:</u>			_		
Charles Company	IK COOL		raige	d Part;	TCARLE	There	TOTORMA	TIME				
- · · · · · · · · · · · · · · · · · · ·			Please	e describe. In	debai the	incidentis).	Fallenis), Cr	ach(es	and Interv			
Crash Yes X No Nerrative Descripti				er of Perso			o Deat	ths		ed to Police N		
Pisson describe (1) Le, parte repoired c	at tebper overpie	lending up t ced (and Kol	to the fai ld part is	ilure, (2) fi s avallable	fellure ac	ed ibs core					_	
MAINTAIN CONTRI	DLOF TI	he vehicle.	. AND DR	ROVEITIO		ealer for	R INSPECTIO	ON. I	MECHANIC	THE DRIVER. CON C DETERMINED THA HEN HEADLIGHTS CO	TTHE	E CONTROL

Include, if evailable: Pointe/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADMITIONAL SHEETS IF MECESSARY
The Privacy Act of 1974-Public Law 93-979 Tilds Entermation in requested pureated to exhibitly vested in the Netternal Highest Proffic Shrinty Act and subsequent shreadeness. You are under no obligation to respond this questionaire. Your responds may be used to exalt the Nette in determining whether a Manufacturer should have appropriate action to correct a safety defect. If the Nette proceeds with administrative aminipowers or Rigation against a subscribe turn, your response, or a stabilities is assessed, shay be used in support of the agency is action.

						ī				NH. II. No. 212
		DOT Auto	Safety	Hotline		ļ	FO	R AGENCY USE ON		00148
U.S. Department of Transportation		e Owne Report Ve	hicle Ši	lety Def			Date Rec	peived .	Repo	skory 🗌
National Highway			DASH-: 8-327-4				11-	DEC-2004	Refe	crence No.
Traffic Safety Administration	INTER	NET MANNE			otline	J			101	02657
	WHER INFORMA	ATION (TYP	or Prin	t)						
tame				·			Daytime	Telephone Number	E-mai	Address
Addross						\Box	Eventon'	Telephone Number		
ALDHA		State	OR	Zip Code		- !	LTT.	CRANOR Hallos		
Do you authorize MHTS In the absence of an at Signature of Owner	A to provide a co ithorization, AHT	opy of this re SA WILL NO	port to ti T pravide	te manufac t your nam	turer of yo e or addre	our vehi ss to the Date	e rehicie	YES Emenufacturer.) NO	
					MATION					
17 digit Vehicle Identificatio 184GP45351	n Number Located a	it bottom of win	Klahield can	drivers side	Make DODGE			Model CARAVA#		Model Year 2001
18464-15391		•			·					2501
Data Purchased 23-MAR-02	Dealer's Name ALEXANDER C				33			Engine: No: Cylinders 6		Fuel Type: Gas
Original Owner	Dealer's City PORTLAND				State OR	ZIp C	ode .	-		
		Powertrain			Vehicle 0 121200 (ING:HEADLIGHTS:S	WITC	н
. AUTOMATIC	Cruise Control	FRONT WHEE	L DAIVE		Multiple	Failurer	I			
		FAIL	ED COM	POMENT (S)/PART(S) INFO	RHATIO	N		
indident Date(s) Fail 10-DEC-2004	ure Mileage Fi 42000	alture Speed	7				"-		. ;	
	ADDETTIO	NAL ITOMS	TO BE CO	MPLETED	WHEN RE	PORTL	Muka II	E PATLURE (1)		
re Make				r Number)				Size (Example P21	5/65R	15)
OT No. (Example: OOT)	ицелесоза)	Origi	nal Equipi Repair	ment · /	Failure Lo	cation:	<u>.</u>			
re Component Code							The	Failure Type		
·	ADDITIONAL	TTEMS TO B	E COMP	TELED MH	EN REPOR	_		SEAT FAILURE		
balos:				xulecture:		ļ	4odel No.	/Name:		
eat Type: hild Seat Component Co	de:	Falled Part:	Installar	tion System	<u>r</u>					
		AP			T DEFORM					
resh Fire		(Plants describe Number of Pe			h Forkers's (Imber of De			<i>r0er).)</i> ed to Police		
Tes No 🗓	Yes X No							N		
	Zantidanik/S) Care	ric(es), and in	jury(les)							
terretive Popeription of Tanna describe (1) ever o, parts repaired or rep	ets leading up to	the fallere, (2	() fyllure : ble :	sed its com	endaceces.	, and (3) what m	is done to correct	the fai	wre;

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 IS NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuent to authority visited in the fintional Highway Fronts Select Act and subsequent measurements. You are motive so obligation to respond this questionnels. You respect to seste the MITSA is determined whether a Manufacturer about take appropriate action to correct a salety defect, if the MITSA proceeds with administrative deformment or Eligibian against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency a action.

Department insportette insportette ic Safety interette PAHRUP outborize beence of ne of Own	ion IVERY f on CM	INT WHER INFOR	icie (To Raj	1-868-1 1-868-1 (1-888 Taww.n	r's Qu hicle Sa DASH-2 8-327-4 nhtsa.de	uestion afety Del 2-DOT 4236) lotgov/h	fects .		Data Rec	1-DEC-2004	Rep Rel 10	100248 positiony [Eference No. 0103671
PAHRUP	ion IVERY f on CM	INT WHER INFOR	To Raj	ipart Vel 1-868-1 (1-686 Twww.n	hicle Ša DASH-2 8-327-4 nhtsa.de	afety Dei 2-DOT 4236) lot-gov/h	fects .		13	1-DEC-2004	Rei 10	eference No.
PAHRUM	OW CW	WHER INFOR		(1-888) Tawwan	8-327-4 nhtsa.de	4236) lot-gov/h	iotlina				10	
PAHRUM PAHRUM PAHRUM Pathoriza	OW HP	WHER INFOR		ION (Type			hotine					1103671
PAHRUM outhorize beence of	HP.		RMATI		or Prin	t)					—	
PAHRUM outhorize beence of									i Daytime	Telephone Number	і Е-пу	al Address
PAHRUM outhorize beence of								'				All Frances
bsence of	NHTSA er eub	ha annualdo a		Bull	NV	Zip Code	-		Evening	Talephone Number		
TE OF U		horization, f	э сору ИН ТЗА	of this rej WILL NO	port to th T provide	he manufac è your nam	turer of your	essiniti	he vehicle	YES Menurecturer.	NO	
	<u> </u>				****			Date	<u>: </u>	<u></u>	—	
Marie Marri	Motion	Humber Locate	ed at bo	whomef who		ICLE INFOR		<u> </u>		Model	—	Model Yes
/R		Military.	No tal.	AMPLE	21	illres	DODGE			GRAND CARAYAN	i !	2002
							<u> </u>			4		
: Purchase	ed	Dealer's Na	rne and	Telephon	e Mumber	ī				Engine:	!	Fuel Type
hal Owne		Cealer's Cit					State	173g (No: Cylinders	,	Other
								<u> </u>				l
kn Type			1	rentrain	٠.							
AATIC (□ Cr	ulse Control	4 Wi	HEB, DRIV	Æ		ļ			ING: HEADLIGHTS		
	<u> </u>		<u></u>	FAIL	ED COM/	POMENT(8			_	XI		
Date(s)	Fellur	re Micage	Fallur		1		4	<u>)</u>	-			1000
)04 	·		_		_		•					
	=	ADDI					WHEN RE	PORT				
												(15)
Эсантрів:	DOTMA	19ABC036)	\top			nent .	Failure Lo	^retion:			.	
ment Cor	de			Pres	tepas		,					
		-normor	भागा	TO B	= COMPI	नाम् भू	CH REPOR					
		Part and and a	<u>/</u>				_				_	
:									1000 ····	/Maine.	<u> </u>	
Сопропе	nt Code	A:	Fa	lied Part:							_	
			Phy							·	-	
	Fire			iber of Pers			mber of De		Reporte	red to Police		
XINO	⊥Оуе	a X No		O	- 241		0		'ـــــــــــــــــــــــــــــــــــــ	<u>N</u>		
ecribo (1)) events	s heding up t	to the f	fellure, (2)) follure el	and Recomm	andne učes	. and (?) what w	At done to correct f	he ful	Auree
repeired o	or replac	ced (and if o	old part	t is systabl	Ma).							· · ·
	Date(s)	Date(s) Failure Failure Date(s) Failure Date(s	Decler's City Inal Owner Declary In	Desire's City Inal Owner Desire's City Inn Type Antilock Brakes Pown MATIC Gruise Control 4 Will Date(s) Failure Micage Failure Date(s) Failure Micage Failure ADDITIONAL ITE Component Code: Failure Component Code: Failure Piece Number Code: Failure Piece Number Code: Failure Component Code: Failure Component Code: Failure Piece Number Code: Failure Component Code: Failure Code: Failure Code: Failure Code: Failure Code: Failu	Antilock Brakes Powertrain AATIC Gruise Control WHEB_DRIV FAILI Date(s) Failure Micaga Failure Spead 004 ADDITIONAL IT BAS T The Model Branch Code: Failed Part: Component Code: Failed Part: Code: Failed P	Desier's City Ion Type Antilock Brakes MATIC Cruise Control 4 WHEBL DRIVE FAILED COME PARTED COME FAILED	Design Course Control Antilock Brakes Powertrain ATK Gruise Control FAILED COMPONENT(SI PAILED COMPONENT(SI PAILED COMPONENT(SI PAILED COMPONENT(SI PAILED COMPLETED The Model (Name or Number) Descripte: DOTMALSABCU36) Freint Code ADDITIONAL IT BAS TO BE COMPLETED WH Date Manufactured Installation System Please describe in deaf the inclinated Number of Persons Injured Number of Persons Injured Number of Description of Inclinated Number of Persons Injured Number of Description of Inclinated Number of Persons Injured Number of Description of Inclinated Number of Persons Injured Number of Description of Inclinated Number of Persons Injured Number of Description of Inclinations of Inc	Dealer's Name and Talephone Number Dealer's City	Dealer's Name and Talephone Number Purchased Dealer's City State Zip Colon Type Antilock Brakes Powertrain Vehicle Compon 121000 EXTERI MATIC	Dealer's Name and Talephone Murriper Inst Owner Dealer's City Inst O	Purchased Dealer's Name and Talephone Number Engine: No: Cylinders No: Cylinder	Purchased Dealer's Name and Talephone Number Engine: No: Cylinders No: Cylinder

.

.....

		DOT Auto Safety	· Hotine			FOR AGENCY USE ON	NLY 100148
U.S. Department of Transportation		cie Owner's Q	uestion Safety Def		Date	e Received	Repository
National Highway Traffic Safety Administration	,	1-885-DASH (1-888-327- RNET:www.nhtsa.	-2-DÓT -4236)			18-DEC-2004	Reference N 10104061
-	OWNER INFORM	ATION (Type or Pri	nt)			time Telephone Number	- E-mail &ddrood
Address							
City ELLDAY		State GA	Zip Code	•	EVIG	ning Telephone Number	
Do you authorize HH? In the absence of an Signature of Owner	ISA to provide a a authorization, NH	copy of this report to HTSA WILL NOT provi	the marufac de your nam	turer of you in ac eddron	r vehicle? to the vei Date	hicle manufacturer.	□ NO
			HECLE INFO			L	Lessacio
17 digit Vehicle identificat 2C4GP44361	den Mumber Located	d at bottom of windshield o	n drivers mae	Make CHRYSLER		TOWN AND COU	Model You
Date Purchased 16-06C-03		ne and Telephone Numb	er .			Engine: No: Cylinders 6	Fuel Typ Gas
Original Owner	Dealer's City			State	Zip Code	一 .	
Transmission Type	Antiliock Braiss	Powertrain FRONT WHEEL DRIVE		121200 E	omponent (XTERIOR L aflure: 15	JGHTING:HEADLIGHTS:	SWITCH
 		FAILED 00	upotenia (s			ATZON - CO	 ,
Incident Date(s) Fi 10-NOV-2004	alure Mileage 65000	Failure Speed / 35		A		France	:
es in the control of	APDITI	ORAL TEMS TO BE			OILTING (
Tire Make		Tire Model (Name	or Number)	• • •		Tire Size (Example P2)	15/65R15)
DOT No. (Example: DO	TMAL9ABC036)	Griginal Equi	pment '	Falure Loc	ation:		1.3
Tiré Comporient Code	·					The Fallure Type	
	ADDITION	LL ITEMS TO BE COM					
Make: Seat Type:			Manufactured lating Custom		Mode	el No./Name:	
Child Seat Component (Code:		ation System	<u> </u>			
	-	APPLICAS (Please describe in detail	the indigerals.	NT INFORMA L Falue(s). Co		f Intury Ges').	
		Number of Persons In	dental March	umber of Deal	the Re	eported to Police	
	Code:	Failed Part: APPLICAB (Please describe in detail	als incident	NT INFORMA A Falvets). Cr	mahiles), and		

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 Report Imrojos.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested paramet to authority vested in the Mittoud Highway Traffic Selety Act and subsequent an analysems. You are under so obligation to respect this questionneirs, Your response may be used to sasist the MITSA is determining whether a Manufacturar should take appropriate action to correct a seriety defect. If the MITSA processed with actival structure conference or litigation against a manufacturar, your response, or a studiotical immunity thereof, may be used in support of the agency's action.

DOT Auto Safety HotBins Control	DOT Auto Safety HotBine U.S. Department of Transportation National Highway Traffic Safety Administration OWNER INFORMATION (Type or Print) Daytine Telephone Number FOR AGENCY USE ONLY 100222 Date Received Date Received Reference 1010514 Reference 1010514 Reference 1010514 Daytine Telephone Number Evening Telephone Number	z rry 🔲
Date Received Page Received Reposition Page Received Reposition Reposition Page Received Reposition Page Received Page Received Reposition Page Received Page Receiv	U.S. Department of Transportation National Highway Traffic Safety Administration OWNER INFORMATION(Type or Print) State WY Data Received Repositor Page Received Repositor 21-DEC-2004 Reference	ry 🔲
To Report Vehicle Safety Defects 1-889-1-847-2-957 17-889-1-847-2-957 17-889-1-847-2-957 17-889-1-847-2-957 17-889-1-847-2-957 18-889-1-847-2-957	D.S. Department of Transportation To Report Vehicle Sefety Defects 1-886-DASH-2-DOT National Highway (1-888-327-4236) Traffic Safety INTERNET SWWW.nintea.ciot.gov/hotiline CWNER INFORMATION (Type or Print) Name Address City TORRINGTON State WY Zip Code Evening Telephone Number	te No.
Traffic Safety Administration Traffic Safety Administration Traffic Safety Administration Traffic Safety Administration Traffic Safety TORRINGTON State Torright Touright	National Highway Traffic Safety Administration INTERNET SWWW.nhttpa.ciot.gov/hotiline OWNER INFORMATION (Type or Print) Daytime Telephone Number Evening Telephone Number Evening Telephone Number	
Day	OWNER INFORMATION (Type or Print) Daythre Telephone Number E-meil Address City TORRINGTON State WY Zip Code Evening Telephone Number	
Name Address Beythre Telephone Number E-mail Address E-mail Addr	Address State WY Zip Code Evening Telephone Number	
City TORRINGTON	City TORRINGTON State WY Zip Code Evening Telephone Number	ress
TORRINGTON Go you authorize HHTSA to provide a copy of this report to the manufacturer of your vehicle? To the absence of an authorizetion, MHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner WHITCLE IMPORNATION 17 digs Vehicle Identification Number Located at bottomor whidehold on driver's side Male DODGE GRAND CARAVAN 17 digs Vehicle Identification Number Located at bottomor whidehold on driver's side DODGE Data Purchassed Dealer's Name and Telephone Number Dealer's City Gas Original Owner Dealer's City State Zip Code Vehicle Component Code 12 dig Expression Front WHELD DRIVE Multiple Failure: 2 Incident Details) Failure Melogo GH-NOV-2004 Failure Melogo GH-NOV-2004 Failure Melogo GH-NOV-2004 The Model (Name or Number) The Model (Name or Number) The Model (Name or Number) The Size (Example P215/65R15) DOT No. (Example: DOTMAIS/ABC036) Original Equipment Fried Report The Component Code: Detail Manufactured: Detail Manufac	TORRINGTON WY	
Signature of Owner		
Signature of Owner	Oo you authorize NHTSA to provide a copy of this seport to the manufacturer of your vehicle? YES X NO To the absence of an authorization, NHTSA WILL NOT provide your name or address to the vahicle manufacturer.	
17 digit Versica Identification Number Located at bottomof windshield on driver's side DODGE GRAND CARAVAN 2001 Data Purchassed Dealer's Name and Telephone Number Engine: No: Cylinders Gas Gas Original Owner Dealer's City State Zb Code Gas Original Owner Dealer's City State Zb Code Gas Original Owner Dealer's City State Zb Code Gas Original Owner Dealer's City Gas Original Owner Code Control Front Wheel Drive Multiple Failure: 2		
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Cas Original Owner Dealer's City State Zip Code Transmission Type X Antilock Braises AUTOMATIC X Cruise Centrol FRONT WHEEL DRIVE HADDEN TO BE COMPONENT(5) / PART (6) INFORMATION Incident Date(s) 09-NOV-2004 Failure Speed 35000 Failure Speed 35000 Failure Speed The Model (Name or Number) The Size (Example P215/65R15) DOT No. (Example: DOTMAI9ABC036) Criginal Equipment Failure Location: The Component Code The Failure Speed Maintenance Maintenance Maintenance Model No./Name: Seat Type: Date Maintenance Model No./Name: Seat Type: Installation System: APPLICABLE INCOMPT INFORMATION		
Data Purchased Dealer's Name and Telephone Number Dealer's City Dealer's City State Stat		
Original Owner Dealer's City Scate Zip Code Transmission Type Antiock Brakes ALTOMATIC Cruise-Centrol FRONT WHEEL DRIVE Whicis Component Code 12:1000 EXTERIOR LIGHTING:HEADLISHTS Multiple Failure: 2 PABLIED COMPONENT(5)/PART(5) INFORMATION Incident Data(s) Failure Micage 35000 Failure Speed 7 The Model (Name or Number) The Size (Example P215/65R15) The Make Tree Model (Name or Number) The Size (Example P215/65R15) DOT No. (Example: DOTMA[9A80036) Configural Equipment Prior Report The Component Code The Failure Micage Make: Date Manufactured: Model No./Name: Seat Type: Installation Systems APPLICABLE INCIDENT INFORMATION	284GP44301 CARAVAN 2001	1
Transmission Type ALITOMATIC X Cruise Centrol FRONT WHEEL DRIVE PRONT WHEEL DRIVE PR		••
AUTOMATIC X Cruise-Centrol FRONT-WHEEL DRIVE 121000 EXTERIOR LIGHTING:HEADLISHTS Multiple Failure: 2 MAILED COMPONENT(\$)/PART(\$) INFORMATION		
AUTOMATIC X Cruise-Centrol FRONT WHEEL DRIVE Multiple Failure: 2 PAILED COMPONENT(\$) / PART (\$) INFORMATION Incident Data(\$) Failure Mileage 35000 Failure Speed OP-NOV-2004 35000 The Mileage The Model (Name or Number) Tire Failure	I THE PROPERTY OF THE PROPERTY	
Incident Date(s) Failure Mileage 35000 Failure Speed O9-NOV-2004 Failure Mileage 35000 Failure Speed ADDITIONAL IT MAS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE The Make The Model (Name or Number) Tire Size (Example P215/65R15) DOT No. (Example: DOTMAL9ABC036) Original Equipment Prior Report 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 Systems Child Seat Component Code: Pailed Part:	AUTOMATIC IX Cruise Centrol FRONT WHEEL DRIVE	
Incident Deta(s) Failure Mileage 35000 Failure Speed Three Make Tree Make Tree Model (Name or Number) Tree Speed (Example P215/65R15) Tree Component Code Failure Speed Failure Speed Tree Component Code Tree Component Code Failure Speed Fail		
ADDITIONAL IT MS TO BE COMPLETED WHEN REPORTING A TIRE FATLURE The Make Tre Model (Name or Number) The Size (Example P215/65R15) DOT No. (Example: DOTMA(9A8C036) Original Equipment Prior Report The Component Code The Fallure 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: Palled Part: APPLICABLE INCIDENT INFORMATION	· · · · · · · · · · · · · · · · · · ·	
The Make The Model (Name or Number) The Size (Example P215/65R15) DOT No. (Example: DOTMAL9ABC036)	Transfer and the second	٠.
DOT No. (Example: DOTMAL9A9C036)		
The Component Code The Fallors 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: Palled Part: APPLICABLE INCIDENT INFORMATION	Thre Make The Model (Name or Number) Tire Size (Example P215/65R15)	
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: Palled Part: APPLICABLE INCIDENT INFORMATION	Prior Repair Paulus Locations	-
Make: Date Manufactured: Model No./Name: Seat Type: Installation System: Child Seat Component Code: Palled Part: APPLICABLE INCIDENT INFORMATION	The Component Code The Fallure Type	·
Seat Type: Installation System: Child Seat Component Code: Palled Part: APPLICABLE INCIDENT INFORMATION		
Child Seat Component Code: Palled Part: APPLICABLE INCIDENT INFORMATION		
APPLICABLE INCIDENT INFORMATION		
(Who was placed by classed that happineed by Carbonston and below that I	APPLICABLE INCIDENT INFORMATION	
	(Please describe in detail the incidential February), and atturvies).) Comb. Steel Mumber of December Injured Mumber of December Received to Refer	
Cresh Fine Number of Persons Injured Number of Deaths Reported to Police Yes XI No Yes XI No N		
Narrative Description of Socient(S), Crash(ss), and Injury(los). Please describe (1) events leading up to the fellure, (2) fellure and its consequences, and (3) what was done to covert the fellure; Lp, parts repaired or replaced (and Yold part is available).	Please describe (1) events leading up to the fallers, (2) fallers and its consequences, and (3) what was done to cover the fallers;	
THE HEADLIGHTS AND DASHBOARD LIGHTS GO OFF BY THEMSELVES, VEHICLE WAS TAKEN TO THE DEALER ON NUMEROUS OCCASIONS A NO DEFECTS FOUND. *AK	THE HEADLIGHTS AND DASHBOARD LIGHTS GO OFF, BY THEMSELVES, VEHICLE WAS TAKEN TO THE SEALER ON NUMEROUS OCCAS	SIONS AND

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

ATTACH ADDITIONAL SHEETS IF NECESSAR

The Privacy Act of 1874-Public Law 93-379 This information is requested pursuant to sufficiently vested in the Michael Mahmay Profits Safety Act and subsequent summaris. You are under no obligation to respond this questionnelle. Your response may be used to sealer the MITEA in determining whether a Manufacturer should take appropriate action to served a safety defined. If the MITEA processes with administrative enforcement or Rigetion against a manufacturer, your response, or a statistical summary thereof, any be used in resport of the agency's action.

			ĐƠI	l Auto S	afety i	lotline			FC	OR AGENCY USE ON	LY	252
U.S. Departme of Transportet		Veh	ro Rep	Owner ort Yeld 1-658-D	icle Še	fety De	nnaire fects		Date Re	ceived	Rep	eelbery 🗆
Metional High Traffic Safety Administration	, .	INI		(1-886- www.nl	327-4	236)	rot line	_	03	-JAN-2005		ference No. 206699
	Ç1	WNER INFOR	MATK	N (Туре «	or Print)			Courtimo	Telephone Number		el Address
Address								_	Dayara	TOESPINIO (NOTICE)	-"	A AUDICES
City SPRING	i HOLL			State	FL	Zip Cod	-		Evening	Telephone Number		
Do you authorize To the absence of Signature of Ove	f an aut	L to provide : thorization, A	e copy o IHTSA I	of this rept WILL NOT	et to the	kont usus kont usus	durer of your noor address	to th	te vehicle	Manufacturer.	NO	
Signature or OW								Derte		/_		
17 digit Vehicle Iden	tification	Number Locate	ed at best	tom of which			RMATION Make		 .	Model		Model Year
184GP25R32						- -	DODGE			CARAVAN		2002
Data Purchas	sed	Dealer's Na	me and	Telephone	Number					Engine: No: Cylinders <u>6</u>	·	Fuel Type: Gas
Original Own		Depler's City					<u> </u>	ZþC		_		<u></u>
Transmission Type	121 v	ntilock Brakes	Powe	xtrain		·	, Velylde Cor			ING:TURN.SIGNAL	CI #G	Eb unt
AUTOMATIC.	X 0	ruise Control	. FRON	VT WHEEL I	DRIVE		Multiple Fa			Ind. Tukin Sidira	FLAS	EK DAII
·	<u> </u>			FAILE	COMP	Olean (S)/PART(5) 1	DEO	RMATIO	No state		_ :.
Incident Date(s) 03-JAN-2005		re Mleage 44000	Failure	Speed								· · ·
<u>.</u>		ADDIT					WHEN REPO	ORTI	HG A TU	REFAILURE	· · · · · ·	
Tire Make DOT No. (Example:	DATE:	110ASM3E1	· T	re Model (i				_		: Size (Example P21	5/65R	11.5)
Tire Component Co				Prior Ri	Equipm Spair		Failure Loca	itlori:		·		· · · · · · · · · · · · · · · · · · ·
-		åraner#6iii		<u> </u>	-		III DEDOCT	The C		Failure Type SEAT FAILURE		_
Make:		ADVIIN	W. 114		_	ufactured		_	Model No.			
Seat Type:						on System			PROCEED PROC	// Mainte :		··· -
Child Seet Compon	ent Cod	B;	Fell	ed Part:				_				
			Please				F INFORMA' L faikreis), Cra		_	(Oncl.)		
Crash	Films			er of Perso			mber of Deati		Reports	ed to Police		
Nerrativa Descript Flease describe (1	ion of L	v leading up i	to the fi	r Hugo, (2) i	'ellure e	ill to com	i) edguericas, e	= (\$		N	he b i	Lure;
THE HEADLIGHTS	FLICKE	RS: ONCE TH	EY WEN	Tourco	MPLETEL	Y FOR AB	OUT FINE SEC	COND	S. THUS H	IAS OCCURRED AB	DUT 2	O TIMES SINCE
SWITCH IS THE PI	ROBLEM	I, THE MANUF	ACTUR	BR TOLD T	HE OEAL	ER THAT	THEY HAVE A	BAC	K ORDER	OF OVER 800 SWIT	CHES	AND THAT NO
Include, If available									AT	JACH ADDITIONAL	SHEF	IS IF NECESSARY
The Priviley Act of 197- in endresste You are should take appropriat ar a statistical summer	4-Public ander 64 te action	Lem 93-579 This philipation to re to correct a par	s informs espaint t fety defe	rtion is requi Ma quastion Ict. If the Mil	ested pur salry. Yes TSA preci	ment to au o response sade with se	thorty vested	*	Mettonsi K et the MATS	ighway Traffic Salety . A la debase bisa whe	lui nu	f de beognant Mondochum
	· 7 u.— M	.,, 24 = 51	- sappe	etara e								