

PE08047/DAIMLERCHRYSLER
07771422

FAX COVER SHEET

[REDACTED]
INDIANAPOLIS IN.
[REDACTED] PH/FAX

SEND TO Company name DAIMLER-CHRYSLER CUSTOMER CARE	From [REDACTED]
Attention <i>Aet Gilbert</i>	Date <i>10-12-00</i>
Office location AUBURN HILLS, MI	Office location INDIANAPOLIS, IN
Fax number 248-512-8748	Phone number 1-317-578-1987

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☒ For your information

Total pages, including cover: 2

COMMENTS

ATTACHED IS THE PVIR INFORMATION FOR CAIR#

7771422

William Stucker



ENGINEERING ANALYSIS ASSOCIATES, INC.

30700 Telegraph Road - Suite 4566
Bingham Farms, Michigan 48025-4528

Delorme Time: 3.4 Hour(s)

Delorme Miles: 111 + 40 = 151

(The extra 40 Miles is for traveling to accident site, DRB pick up and return if required and traveling to pick up police report).

PHONE: 248-642-3232

FAX: 248-642-4558

Facsimile Cover Sheet
DaimlerChrysler Vehicle Investigation Report (VIR)

Owner: [REDACTED]

EAA No: DF01-38028

CAIR No: 7771422

Transmitting 3 pages.

If transmission not complete, please call the above phone number.

To: [REDACTED]

Phone No:

Fax No: 317.578.1987

From: Tina Martin

Date Faxed: 10.9

Due Date: ASAP

Please acknowledge promptly by FAX or phone.

Receipt of CAIR and Accepting case for investigation ☒ YES ☐ NO DATE 10-10-00

Fax Coversheet for DaimlerChrysler (Service Associate Use Only)
(also fax to EAA for closure)

Closure Date: 10-11-00

DaimlerChrysler Fax Number: 248-512-8748

Number of pages (including cover)

TO:

☐ Bennis (248) 944-7036

☐ Bott (248) 944-7056

☒ Gilbert (248) 944-7037

☐ Martell (248) 944-7038

☐ Mucci (248) 944-7039

☐ Porterfield (248) 944-7134

Comments:

38028

110/09/00

CAIR Data File

Company:

Cust:

AD1:

AD2:

Cty/St/ZIP: KOKOMO

Co-own:

CAIR: 7771422 82 1/ 1 Page: 1

Temp Address:

STUCKER

Ph:

Ph:

Cntry: USA Lang: E

Company:

Rep:

AD1:

AD2:

Cty/St/ZIP:

Ph:

Ph:

Cntry: Lang:

AG-CI

BE-6

2 pages

Wade 521 46056
HOT!

Status and Notes

Opened by: PRB6 Open Dt: 092600 Typ: L

Stat: R Closed by: Closed Dt:

Alrt: A Curresp: 82E 82

Lst Upd: 100900 1023A DMB26 82

Cntc Typ: T

Orig: C Mail Ctgr: Y

Dt on Ltr:

Exec: 01RJE

Resp Ltr:

Resp Ltr Dt:

Check Information

Ck Amt: \$.00 S:

Payee:

Addr1:

Addr2:

City:

St/ZIP:

Vehicle Information

VIN: 3B7HF13271G

YR/Model: 01 DODGE RAM 1500 P/U QUAD CAB

Sls 2n/Sls/Svc/Dlr: 41 F F 52488 BOTION MOTORS INC

In Srv Date: 07/19/00

Svc 2n/Sls/Svc/Dlr: 41 F F 52488 BOTION MOTORS INC

Curr Mi/Km: M 5000

WCC: 336 - /36

3/36

0

7

CSC:

General Narrative

REASONS FOR CONTACT:

- 1) Hood Hardware - Misaligned / Poor Fit
hood latch malfunctioned and hood flew up causing damage

*--> NARRATIVE ADDED BY P. R. HAMMONTREE ON 09/26/00 AT 09:38AM
Customer claims he was driving 25 mph when flew up and banged against windshield. Claims he took the vehicle to the dealer and they declined any type of warranty work claiming vehicle did not leave dealer like that. Writer contacts dealer and speaks with Steve the SM. States that he referred customer to subletted body shop and was expecting customer to come back with estimate. States he never saw customer again. States customer may have come back and spoke with dealer principal Rich Reese. States he is not in yet but will recontact writer when he has chance to speak with DP about matter. Customer claims that safety latch was adjusted by someone at independent body shop when he went there to have estimate done.

*--> NARRATIVE ADDED BY R. B. DYLLUS ON 10/09/00 AT 09:36AM
Owner calls(100900)about lack of contact.
Writer talked to STEVE in service and he states that hood was latched when brought in.

Vehicle is at owner's house and leaves 1pm for work.
Owner irate since allegedly had called here twice and last time talked to RICK who had told him that this allegedly should not have happened. Owner was extremely abusive with writer and also irate cannot talk to same person when calling back. Owner alleges called in on Oct 2nd.

*--> NARRATIVE ADDED BY D. M. BENNIS ON 10/09/00 AT 10:21AM
***** Alleged Hood Fly-Up *****

Please arrange for inspection, provide PVIR and photos.
110/09/00

CAIR Data File

CAIR: 7771422 82 1/ 1 Page: 2

38028

***** HOT ***** HOT ***** HOT ***** HOT *****
Tina, could you please arrange for this inspection
asap. thank you.

Please return report to Art Gilbert.

CAIR NUMBER 07771422 REQUEST EAA INSPECTION 10-09-2000 10:22

Confidential
Preliminary Vehicle Investigation Report


REF. # 7774

YEAR 01	MODEL Dodge Ram	VEHICLE IDENTIFICATION NUMBER 3A2M6L3Z1716	ODOMETER 69550.410.510	M.O.I. 02-18-01
NAME OF OWNER Kokomo		STATE IN	CITY Kokomo	
SELLING DEALER NAME Button Motors INC		ZONE 41	BLR CODE 52488	CITY Kokomo
CHRYSLER REPRESENTATIVE Donald Wade / EAA		ZONE 41	BLR CODE 52488	CITY Kokomo
INTERVIEW <input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER		INTERVIEW DATE 10/10/00		
DATE OF INCIDENT 09/24/00		TIME OF INCIDENT 10:00 AM		INSPECTION DATE 10/11/00
DESCRIPTION OF EVENT (INCLUDING WEATHER CONDITIONS AND ROAD SURFACE) Weather clear and dry. Driver states he was driving down Foster Park Road in Kokomo, IN about 25 MPH and his hood blew open, damaging the hood. He stated no one had been under the hood since the prior Thursday, and he thought Safety latch should have kept this from happening. There was no police report.				
<input type="checkbox"/> Driver's and/or occupant's description of incident <input type="checkbox"/> What? When? Where? How? <input type="checkbox"/> Exact order of events <input type="checkbox"/> Did this happen before?				
Personal Injury: Were there Personal Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete section "L."				

IMPORTANT: SHOW TO NO ONE & DRAW NO CONCLUSIONS

- DIRECTIONS:**
- FILL OUT UPPER PART OF FORM.
 - FOR "FIRE" USE FORM 84-130-6950.
 - FOLLOW INSTRUCTIONS FOR SECTION "A" ON ALL VEHICLES.
 - FOLLOW INSTRUCTIONS FOR SPECIFIC ALLEGATIONS FOR THIS VEHICLE.
 - ATTACH ANY ADDENDUMS TO REPORT AND STATE SECTION IT PERTAINS TO.

- COMMENTS:**
- NOTE ANY MISSING COMPONENTS AND WHO REMOVED THEM.
 - NOTE ANY AFTERMARKET EQUIPMENT INSTALLED AND BY WHOM.

ALLEG.	PHOTOGRAPH REQUIRED	INFORMATION	EVALUATION
General A <input checked="" type="checkbox"/> From center of vehicle front every 45 degrees (8 total) <input checked="" type="checkbox"/> If crash damaged — perspective from every corner of vehicle down both original lateral sight lines. (8 total)  <input checked="" type="checkbox"/> Send neg. & 2 sets of prints	<input type="checkbox"/> Police report <input type="checkbox"/> Vehicle service file <input type="checkbox"/> Any reports/photos by others <input checked="" type="checkbox"/> Location of inspection	<input checked="" type="checkbox"/> Driver's and/or occupant's description of incident <input checked="" type="checkbox"/> What? When? Where? How? <input checked="" type="checkbox"/> Exact order of events <input checked="" type="checkbox"/> Did this happen before? No	<input checked="" type="checkbox"/> Complete exterior damage diagram and measurements on last page.
Airbag(s) <input type="checkbox"/> Steering Wheel <input type="checkbox"/> Airbag(s) <input type="checkbox"/> Knee Blockers <input type="checkbox"/> All possible body contact areas <input type="checkbox"/> All code readings using DRB II	<input type="checkbox"/> Record: <input type="checkbox"/> Was Airbag deployed? Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Steering Wheel <input type="checkbox"/> Tilt <input type="checkbox"/> Std. <input type="checkbox"/> Condition of Steering Wheel _____ <input type="checkbox"/> Condition of Steering Wheel Mounting (measure column collapse) _____	<input type="checkbox"/> Use DRB II <input type="checkbox"/> Record Existing Readings 1. _____ 2. _____ <input type="checkbox"/> Record Stored Readings 1. _____ 2. _____ 3. _____ <input type="checkbox"/> Important: DO NOT ERASE DRB II READINGS.	<input type="checkbox"/> Evidence of tampering or disassembly? <input type="checkbox"/> Yes <input type="checkbox"/> No

Confidential

REF. # 72219

ALLEG.

PHOTOGRAPH REQUIRED

INFORMATION

EVALUATION

Sudden
Acceleration
or Throttle
hold

- ☐ Accelerator Pedal
☐ Throttle Cable
☐ Return Springs
☐ Floor Mats

- ☐ Describe any Accelerator Pedal Interference with Carpet/Mat
- _____
- _____
- _____
- _____
- _____

- ☐ DRB II Tests
- ☐ Disconnect Cable at Throttle Body/Carburetor lever; operate:
☐ Lever ☐ Cable
- ☐ Any restricted motion?
☐ Yes ☐ No
- ☐ If safe and permitted to drive - attempt to duplicate and check Service Brakes at reported speed

C

Brakes

- ☐ Items in Information Block.

- ☐ Check and record Brake Fluid Level. _____
- ☐ Check and record if Vacuum Hose is connected. ☐ Yes ☐ No
- ☐ Check and record for Brake Line Leaks. ☐ Yes ☐ No
- ☐ Pull Wheels, check Linings and record condition.

- With Engine off:
- ☐ Apply Brake fully 3 or 4 times.
- ☐ With light force held to Pedal, start the Engine.
- ☐ Note reaction of Pedal and record
- _____
- ☐ ABS System DRB II test readouts
- _____
- _____

D

Steering

- ☐ Complete Steering System including as required:
- Rack & Pinion
 - Linkage
 - CV & Universal Joints
 - Column
 - Belts & Pulleys

- ☐ Record it:
- ☐ Manual Steering ☐ Power Steering
- ☐ Check Fluid Level _____
- ☐ Record if Drive Belt is tight ☐ Yes ☐ No
- ☐ Check for Hose/System leaks ☐ Yes ☐ No Leaks
- ☐ Check condition of Steering Linkage from Wheels to Steering Column, record deformation or loose connections.
- _____
- _____
- _____

- ☐ Unlock key and turn Wheels fully right and left.
- ☐ If safe, start Engine and turn Wheels fully right and left.
- ☐ Record Steering function.

E

Transmission

- ☐ Entire Transmission with pictures and closeup of leaks, if any.

- ☐ Record:
- Type of Transmission?
☐ Auto ☐ Std.
- How many Speeds?
☐ 3 ☐ 4 ☐ 5
- ☐ Record Gear Shift location at time of inspection
- _____
- _____

- If safe and permitted to drive vehicle:
- ☐ Drive Vehicle and record feel of Gear during each Gear Shift
- _____
- _____
- _____

F

- ☐ Run Shift Lever thru all shift positions and record "Feel of Gating"
- _____
- _____

- ☐ Is Shift Indicator properly aligned?
☐ Yes ☐ No

- ☐ Does Parking Pawl engage?
☐ Yes ☐ No
- ☐ If lockup is alleged - check rotation of Transmission in all Gears.
- ☐ Check starting ability in park and neutral. Check to see that start does not occur in other selector positions.

Engine
Stall/
Driveability

- ☐ Complete Engine Compartment including as required:
- Underhood Emissions Label
 - Engine Wiring/Connections
 - Vacuum Hoses
 - Fuel Lines
 - Exhaust System
 - Spark Plugs
 - Connections

- ☐ Record type of Spark Plugs (location of unique plugs).
- _____
- _____
- _____
- _____
- _____

- If safe and permitted to:
- ☐ Try to duplicate Allegation Off Highway
- ☐ DRB II or I/P Fault Code Test
- _____
- _____
- _____
- _____

G

Confidential

ALLEG. PHOTOGRAPH REQUIRED

INFORMATION

REF. # *277*

EVALUATION

Seat/Shoulder Belts

H

- ☐ Overall of seat belts I/B and O/B.
- ☐ Close ups of any irregularities on belts.
- ☐ Shoulder Belt Pendulum
- ☐ Latchplate wear
- ☐ Close up of D-ring to show belt loading.

- ☐ Locate seat belt labels and record ALL information (Some labels are sewn to webbing, other labels are on retractor frame. Inboard seat belt labels are near floor.)

- ☐ Record ALL information stamped on latchplate.

If allowed, function belts to insure they FUNCTION PROPERLY results:

- Do they latch? ☐ Yes ☐ No
- Do they release? ☐ Yes ☐ No
- Do they retract? ☐ Yes ☐ No
- Does Inertia Pendulum System freely? ☐ Yes ☐ No

Seat

I

- ☐ Overall of seat
- ☐ Close ups of damage

- ☐ Existing location of recliner - number of teeth from rear of sector gear to rear edge of Pawl (crayon mark location).

- ☐ Existing location of seat adjuster (window or tooth location from rear of adjuster).

- ☐ Existing location of head restraint (measure gap under head restraint).

- ☐ If allowed, adjust all functions and return to original location

- ☐ Describe functions

- ☐ Note any irregular orientations

Tires

J

- ☐ Each Tire with visible location label, insuring all Tire Identification and Tread wear is documented.
- ☐ All damaged Wheel and Rim area including impacted foreign material.

Record:

- ☐ Tire Size
- ☐ Brand
- ☐ Ratings
- ☐ DOT No. (I/B Side)
- ☐ Rim Size
- ☐ Tread Depth

Front Left

Front Right

Rear Left

Rear Right

Axle pickup

- ☐ Entire Axle and close up of Leaks

Write on hoist:

- ☐ Rear Wheel Drive

Record amount of Lateral Axle Movement on each side and with Wheels turn

K

- ☐ Trans. Axle - rotate Wheels
- ☐ Note function

Occupant Contact

L

- ☐ Windshield
- ☐ All areas of occupant contact on interior and exterior.
- ☐ Close ups of stains, skin, hair, cloth
- ☐ Exterior and interior damage

- ☐ See Seat Belt/Seats if applicable
- ☐ Occupant contact description

ADDITIONAL COMMENTS

The vehicle was inspected at Button Motors Inc, Kokomo, Ind. The hood of the vehicle had damage at both rear corners, the hood hinges were bent. There was no damage to hood safety latch, the safety latch was still spring loaded, spring in place, latch would return to position when moved and released. The hood primary latch had no damage, operated properly, owner didn't show or have concern regarding primary latch. The service Manager Steve Julius and owner stated that the rod running to the safety latch release handle was unattached when first inspected. The safety latch was non-functional.

=== COVER PAGE ===

TO: _____

FROM: _____

FAX: 13175781987

TEL: 13175781987

COMMENT: FOR YOUR INFORMATION

OCT 12 '00 15:19

13175781987 PAGE.001

DAIMLERCHRYSLER

DaimlerChrysler
Motors Corporation

October 13, 2000

[REDACTED]
Kokomo, IN [REDACTED]

Re: File No.: 7771422
Vehicle No.: 3B7HF13Z71G [REDACTED]

Dear [REDACTED]

This is in regard to the inspections performed on your vehicle on October 11, 2000, by a representative from Engineering Analysis Associates.

Per the inspection performed, the information at hand would not permit us to associate this accident with a manufacturing or assembly error. As we are sure you will appreciate, accidents do occur for any number of reasons not associated with the manufacturing process.

In the absence of any substantiating evidence indicating that the cause of the accident was attributed to a condition existing in the vehicle when it left our manufacturing plant, we find it necessary to deny responsibility.

Sincerely,

A. L. Gilbert
Special Investigations
(248) 944-7037

ALG/lg

DaimlerChrysler Motors Corporation
CIMS 431-00-00
PO Box 21-8004
Auburn Hills MI USA 48321-8004

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KOKOMO IN

KOKOMO IN