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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY	
Date Received: RECEIVED 2003 JAN 7 PM 5: 0 OFFICE OF DEFECTS INVESTIGATION	Repository ☐
	Reference No. 10002110

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City DUDLEY	State MA	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) [redacted]	Make: CHRYSLER	Model: TOWN AND COUNTRY	Model Year: 1999
Date Purchased: 5/2001	Dealer's Name and Telephone Number: Herb Chambers 508-757-7444	Engine: No. Cylinders: 6	Fuel Type: Gas Fueling.
Original Owner ☐	Dealer's City: Millbury, MA Zip Code: 0527		
Transmission Type: 3.8 L	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Vehicle Component Code: 220000 SEATS; Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11/2002			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:	
Tire Component Code			Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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

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

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

CONSUMER STATES THAT THE ELECTRIC SEAT WARMER BURNED THE PASSENGER SEAT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.
PH
While visiting family @ Thanksgiving my husband put the seat warmers on low to go get coffee. Within 10 minutes he could smell something burning and upon inspection realized the passenger seat was burning. There is a big brown hole in the seat. He immediately turned it off and we came home and called the dealership

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.