Form Approved: O.M.B. No. 2127-0008

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 03 JAN 27 AM 11:05 OFFICE DEFECTS INVESTIGATION

Od_ar ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No. 10006309

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No. [redacted] Apt. No. N/A

City FOLEY State MISSOURI Zip Code [redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the [redacted] 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 [redacted] Date 12/21/02

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) *(Located at bottom of windshield on driver's side)*: 1C4GP54L0WB[redacted]

Make: CHRYSLER

Model: TOWN & COUNTRY

Year: 1998

Purchased Date: 08/30/2002 ☐ New ☒ Used

Dealer's Name: CROSSROAD'S

Dealer's City: MOSCOW MILLS State: MO Zip Code: 63362

Engine Size (CID/CC/L): ___ No. Cylinders: V 6 ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

Manufacture Date (on driver's door or pillar):

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☒ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☐ 2-Point Belt ☒ 3-Point Belt

Cruise Control: ☒ Yes ☐ No

Drivetrain: ☒ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☒ Minivan ☐ Motorcycle ☐ Other ___

Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other MINIVAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): DRIVERS SIDE FRONT SEAT BACK"

Location: ☒ Left ☐ Right ☒ Front ☐ Rear

Failed Part(s): ☒ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand | Tire Name | Complete Tire Size

No. of Failures | Date(s) of Failure(s) ___ | Mileage at Failure(s) ___ | Vehicle Speed at Failure(s): ___

Failed Part(s) Available? ☐ Yes

NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach additional sheets if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☒ Yes ☐ No	☐ Yes ☒ No	ONE	NONE	☐ Yes ☒ No (NOT YET)

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

THE FOLLOWING IS MY ACCOUNT OF THE ACCIDENT THAT OCCURED 1650 HOURS ON 03 OCT 2002. I WAS DRIVING NORTH ON MISSOURI HIWAY 79, TRAVELING 60 M.P.H. I HAD MY CRUISE CONTROL ON AT THIS POINT, WHEN SUDDENLY I WAS HIT FROM BEHIND WITH A HORRENDOUS CRASH. I DID NOT REMEMBER ANYTHING AFTER THAT UNTIL TROOPER MIKE WYSS OF THE "MO" HIWAY PATROL SPOKE TO ME AS I WAS LAYING FLAT ON MY BACK (THE BACK OF MY CAR SEAT BROKE) I ASKED HIM "WHAT HAPPENED". HE SAID "YOU WERE

Continue on back.

Mail postage free or fax to 202-366-7882

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

HIT FROM BEHIND, AND YOU HAD YOUR SEAT BELT ON WHICH PROBABLY SAVED YOUR LIFE". THEN I WAS TAKEN BY AMBULANCE TO THE HOSPITAL WITH MANY CUTS OF MY SCALP CAUSED FROM BROKEN PLASTIC IN THE BACK DOOR WHICH WAS CRUSHED ALSO.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use $300

JAN 9 PM

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT

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