



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) 2003 MAY -7 PM 1:05
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

Repository ☐

04-MAR-2003

Reference No.
10009826

OWNER INFORMATION (Type or Print)

Name

Address

City

FILER CITY

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3/18/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1CAGP64L5N8924319

Make
CHRYSLER

Model
TOWN AND COUNTRY
Limited

Model Year
1999

Date Purchased
Jan-2002

Dealer's Name and Telephone Number
Stewart Bowman 336-626-1528

Engine:
No. Cylinders

Fuel Type:

Original Owner
☐

Dealer's City
Asheboro NC

State
NC

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE AIRBAG LIGHT ILLUMINATED WHILE DRIVING. NOW THE CRUISE CONTROL, RADIO, HORN AND THE FUNCTIONS ON THE STEERING WHEEL ARE INOPERATIVE. THE CAUSE OF THIS PROBLEM IS UNKNOWN. *NLM

was told by a mechanic that the Clock Ring was bad. There was a Recall for models 1996 thru 1998. My model is a 99. It seems to me that in looking on Internet that there was more of the same problems with the 99 models as was with the 96 thru 98 where it was a Recall done. I had to get it fixed without Recall for I was told the Airbags would not work if in an accident. It was not cheap either. I think the Recall needs to include the 1999 models also.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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