



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 100184

Date Received
JAN 15 AM 8:46
13-AUG-2003

Repository
Reference No.
10033860

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ATLANTA State GA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA
In the absence of an authorized
Signature of Owner [Redacted]

of your vehicle? YES NO
Address to the vehicle manufacturer.
Date 1/15/2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side [Redacted]
Make CHRYSLER Model TOWN AND COUNTRY Model Year 2000
Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: No: Cylinders [Redacted] Fuel Type: [Redacted]
Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]
Transmission Type Antilock Brakes Cruise Control Powertrain [Redacted] Vehicle Component Code 061110 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE:BELTS A/
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-AUG-2003 Failure Mileage 30000 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM1SABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

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

Narrative Description of Incident(s), Crash(es), and Injury(es).
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 WHENEVER IT RAINS OR THE BELT GETS WET IN ANY WAY IT SLIPS OFF THE PULLEY. WHEN THIS HAPPENS CONSUMER LOSES CONTROL OF VEHICLE. THIS INCIDENT HAS HAPPEN TWICE SINCE OWNING THE VEHICLE. *AK

*Mechanic indicated he SELLS
this defect often.*

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

The National Traffic and Motor Vehicle Safety Act of 1974 (Public Law 93-529) 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.