



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 (1-888-327-4235)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received: 2/18/03
Repository:
Reference No.: 10048617

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: AUGUSTA State: GA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [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: [Redacted] Date: 2/18/03

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side. Make: CHRYSLER Model: TOWN AND COUNTRY Model Year: 2000
FILL IN: 1C4GP64L9Y [Redacted]

Date Purchased: [Redacted] Dealer's Name and Telephone Number: 706-261-4161 Milton Rubin Motors
Original Owner: Dealer's City: Augusta State: GA Zip Code: 30906
Engines: No. Cylinders: [Redacted] Fuel Type: [Redacted]

Transmission Type: [Redacted] Antilock Brakes Cruise Control
Powertrain: [Redacted] Vehicle Component Code: 103000 POWER TRAIN-AUTOMATIC TRANSMISSION
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: [Redacted] 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: D0THA1SABC036): [Redacted] 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(ies).)
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(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WHEN BACKING THE VAN UP A SLIGHT INCLINE THE VAN WOULD START BUCKING ABRUPTLY AND FAILED TO MOVE SMOOTHLY. THE CAUSE OF THE PROBLEM HAS NOT BEEN DETERMINED. PLEASE PROVIDE ANY FURTHER INFORMATION. *NLM

This can be a dangerous situation when backing out on a major road. (One has to get a running start). We know of other individuals having the same problems.

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

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.