



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 100161

Date Received

15-DEC-2005

Repository ☐

Defect No.
10050516

OWNER INFORMATION (Type or Print)

Name

Address

City

NEWARK

State

OH

Zip Code

Daytime Telephone Number

E-mail Address

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's manufacturer.
Signature of Owner _____ Date 12/21/05

VEHICLE INFORMATION

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

1C4GT64L9W

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1998

Date Purchased

11/8/03

Dealer's Name and Telephone Number

WHITEY'S 419-1529-4000

Engine:

No. Cylinders

Fuel Type:

Original Owner

☐ 2nd

Dealer's City

Mansfield, OH

State

OH

Zip Code

44906

Transmission Type

Auto

☒ Anti-lock Brakes

☒ Cruise Control

Powertrain

AWD

Vehicle Component Code

190000 TIRES

Multiple Failure: 1 2 3 4 5 etc.

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Weekly

Failure Mileage

30000 F.

Failure Speed

60,000

reinflate tires a must

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

MICHELIN

Tire Model (Name or Number)

21555R16 XSE

Tire Size (Example P215/65R16)

P215/55R16

DOT No. (Example: DOTM188C036)

DAT 892D NEXA 4700

☐ Original Equipment

☐ Prior Repair

Failure Location:

All 4 Tires

Tire Component Code

190000 TIRES

Tire Failure Type ROAD HAZARD

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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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;

i.e. parts repaired or replaced (and if old part is available).

THERE IS A CHEMICAL WITHIN THE TIRES THAT CAUSES THE RIMS TO CORRODE, CAUSING THE TIRES TO DEFLATE. *AK

IF Tires are not inflated each couple of days, the
Van becomes unstable and therefor an
UNSAFE DRIVING COMPOSITION

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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**