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 100147

Date Received: 19-APR-2004 (2004 MAY 11 PM 12:27)
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OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City: MOULTRIE | State: GA | Zip Code: [redacted]
Daytime Telephone Number: [redacted] | E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to provide a copy of this complaint to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of authorization, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/29/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C4GP64L8XB756594	CHRYSLER	TOWN AND COUNTRY	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
7/6/98	HUTSON MOTOR Co. 229891-4000	6	GAS
Original Owner ☑	Dealer's City: MOULTRIE	State: GA	Zip Code: 31768

Transmission Type			Vehicle Component Code
Automatic	☑ Antilock Brakes ☑ Cruise Control	Powertrain	140000 AIR BAGS Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
[redacted]-2004 7 APR 2004	86050		

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: DOTMALBABC036)	☐ 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).

WHEN DRIVING AT AN UNDETERMINED SPEED AIR BAG WARNING LIGHT APPEAR ON THE DASHBOARD. CONSUMER TOOK THE VEHICLE TO THE DEALERSHIP FOR INSPECTION, AND MECHANIC DETERMINED THAT CLOCK SPRING FAILED. *AK

When Chrysler Consumer Line was called Sirus informed that my car wasn't under the recall they have in place. Any Chrysler van made up thru Feb '98 is under recall for clockspring, but my van was manufactured in May '98 + quote "has the improved clockspring" so lemon/buy back not included in the recall

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 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).