



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
(1-888-327-4238)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

2004 MAY -11
12-MAY-2004

Repository

Manufacturer No.
10073542

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SUFFOLK State VA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an answer, NHTSA will use the name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/24/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1C4GP64L2 _____ Make CHRYSLER Model TOWN AND COUNTRY Model Year 2000

Date Purchased 12/02 Dealer's Name and Telephone Number Price Motors
Original Owner Dealer's City Mason City State IA Zip Code 50401
Engine: No. Cylinders _____ Fuel Type: Gas

Transmission Type AUTOMATIC Antilock Brakes Powertrain FRONT WHEEL DRIVE
 Cruise Control Vehicle Component Code 190000 TIRES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-MAY-2004 Failure Mileage _____ Failure Speed _____
These tires have continuously leaked air and needed replacing since the vehicle was purchased new by my father.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN Tire Model (Name or Number) RADIAL X Tire Size (Example P215/65R15) 215/65R16
DOT No. (Example: DOTM1A9ABC036) M30D68A289 Original Equipment Prior Repair Failure Location: ALL 4 TIRES
Tire Component Code T80000 TIRES 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 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).

CONSUMER COMPLAINED THAT FOUR MICHELIN TIRES WERE LOSING AIR PERIODICALLY. MICHELIN, RADIAL X, SIZE 215/65R16, DOT M30D68A289. DEALER NOTIFIED. *AK

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

The Privacy Act of 1974 (Public Law 93-578) 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.