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 1387

Date Received	Repository ☐
19-JUL-2004 2004 SEP -6 AM 2:37	Reference No. 10083217

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City COHOES	State NY	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/05/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C4GP64XXB560XXX 1C4GP54XXB[redacted]	CHRYSLER	TOWN AND COUNTRY	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
03/07/00	NEW COUNTRY 518-664-7391	6	GAS
Original Owner: DB	Dealer's City: MECHANICVILLE, NY	State: NY	Zip Code: 12118

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE PART WHEEL DRIVE	103000-POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-JUN-2004	60000		

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: DOTMALSABCD36)	☐ 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).

TRANSMISSION NEEDED TO BE REBUILT AT 60,000 MILES BECAUSE THE SERVICE ENGINE LIGHT CAME ON WHILE DRIVING, AND THE TRANSMISSION STAYED IN FIRST GEAR ONLY. *AK

TRANSMISSION REQUIRED TO BE OVERHAULED AT A COST OF $1864.07. SEE ATTACHED STATEMENT FROM QUALITY TRANSMISSIONS OF WATERVLIET, NY

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

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).