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 1388

Date Received	Repository
2004 NOV -2 PM 1:13 07-OCT-2004	Reference No. 10095387

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City KIRKLAND	State WA	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an a[illegible] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C4GP64LXVB[redacted]	CHRYSLER	TOWN AND COUNTRY	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.8L No. Cylinders	Fuel Type:
1997	Tom Edwards			6	Regular Unl
Original Owner ☒	Dealer's City Bertow	State FL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-SEP-2004	~~95000~~ 97000	20 mph	

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: DOTMAL9ABC038)	☐ 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).

WHILE AT A STOP TRANSMISSION FAILED. VEHICLE STALLED, AND CONSUMER HAD THE VEHICLE TOWED. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Arriving at School the transmission failed in traffic. Had to push it into the parking lot then called tow truck. contacted manufacturer after discovering that this was a very common failure, but not a recall item.

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