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 100192

Date Received	Repository
19-OCT-2004	Reference No. 10097173

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	Email Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City APALACHIN **State** NY **Zip Code** [redacted]	Same	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C4GT64L2XB[redacted]	CHRYSLER	TOWN AND COUNTRY	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		Gas

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain all wheel drive FRONT WHEEL DRIVE	221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER Multiple Failure: 2 each seat total Failure 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-OCT-2004	47114		

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: DOTMAL9ABC036)	☐ 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

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).

THE VEHICLE WAS EQUIPPED WITH HEATED SEATS. THE OWNER TOOK THE VEHICLE TO THE DEALER TO HAVE THE SEATS CHECKED. THE PROBLEM WAS NOT DETECTED. NOW, THE PASSENGER SEATS ARE OVER HEATING ALSO. THE OWNER HAD THE SEATS REPLACED ON TWO SEPERATE OCCASSIONS. PROVIDE FURTHER DETAILS. *JB

~~Repaired~~ Replacement needed for Drivers Seat 2x
Passenger Seat 2x
Both Chrysler & dealer stated no recalls
complained of hot spots on each front seat which was not detected
Both front seats had burn holes in them

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).