



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 1220

Date Received

29-NOV-2004

Repository

Reference No.
10101720

OWNER INFORMATION (Type or Print)

Name

Address

City CHESTER SPRINGS

State PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT forward your name or address to the vehicle manufacturer.

YES NO

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1C4GT84LY8

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

2000

Date Purchased

9/26/00

Dealer's Name and Telephone Number

Town Motors 610 363-8200

Engine:

No. Cylinders

V 6

Fuel Type:

gas

87 oct

Original Owner

Dealer's City

EXTON PA

State

PA

Zip Code

19341

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-SEP-2004

Failure Message

SOK

Failure Speed

NONE

SEAT WARMER BURNS PERSONS SEAT + SKIN

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/66R15)

DOT No. (Example: DOTM18A3C038)

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

Yes No

Fire

Yes No

Number of Persons Injured

3

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).

WHILE DRIVING AND TURNING ON THE SEAT WARMER WITHIN FIFTEEN SECONDS CONSUMER'S SKIN BURNED. IT DIDN'T MATTER IF IT WAS ON HIGH OR LOW. CONSUMER WAS CONCERNED WITH ELECTRICAL PROBLEMS OR A POSSIBLE FIRE. *AK

The above mentioned problem is such a threat to personal injury that the manufacturer should repair or replace faulty seats at no cost to car owners.

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.