



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 100148

Date Received

MAY 24 2005

Repository

24-MAY-2005

Reference No.

10121988

OWNER INFORMATION (Type or Print)

Name

Address

City BURTON

State OH

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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 01.31.05

VEHICLE INFORMATION

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

Make

CHRYSLER

Model

TOWN AND COUNTRY

Model Year

1994

1CAGH5412RX

Date Purchased

07-JUL-97

Dealer's Name and Telephone Number

JUNCTION AUTO SALES 440-286-6161

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

CHARDON

State

OH

Zip Code

44024

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS-FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-MAY-2005

Failure Mileage

150000

Failure Speed

35

air bags

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: DOTM4L9ABC036)

 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, injuries, crashes, and property damage.)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

2

Number of Deaths

Reported to Police

Y

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).

DT; AT 35 MPH SOMEONE PULLED OUT IN FRONT OF CONSUMER'S VEHICLE AND HIT OTHE VEHICLE. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. SHE WAS TOLD BY THE MANUFACTURER THAT AIR BAGS WERE NOT GAURANTEED TO DEPLOY IN A CRASH. ALSO, SHE WAS TOLD NOT TO DEPEND ON THE AIR BAGS. THERE WERE 100 VARIABLES IN DEPLOYMENT OF AIR BAGS, AND THERE WAS NO WAY FOR MANUFACTURER TO TELL HER OVER THE PHONE WHEN AN AIR BAG WENT OFF. DRIVER SUSTAINED INJURIES, AND WAS TAKEN TO A HOSPITAL. HOWEVER, PASSENGER WAS LIGHTLY HURT AND DID NOT GO TO THE HOSPITAL. *AK

I was asked where the vehicle was now. When I told him several time that I didn't know but that Nation wide could tell him he hung up. I never contacted Nation wide. When I tried to find out where the car was, I was told that it had been crushed.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-579. 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 responses 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 of or litigation against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I was driving west on Monticello Blvd in second lane from curb. A man suddenly backed out at a high speed from his garage straight across Monticello. I drove right into the right rear side of his car. Heavy traffic on a Friday around 4.30PM. I was probably doing 35 mph. My granddaughter and I were both wearing seat belts. I hit the steering wheel and fractured my sternum and I bit the inside of my mouth somehow. Both my knees hit something else. They are still swollen.
Chrysler Customer Service 800-992-1997 complaint no 13539942
(My car was recalled for airbag problem in 1997, it was repaired)

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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OWNER'S**

QUESTIONNAIRE

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TO REPORT VEHICLE SAFETY DEFECTS

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OR**

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and dial toll free at

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(DASH) 2 DOT



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