



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
25-OCT-2006
AM 8:40

Repository
Reference No.
10171846

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City VAN NUYS State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1C4GH54R8PX [REDACTED] Make CHRYSLER Model TOWN AND COUNTRY Model Year 1993

Date Purchased _____ Dealer's Name and Telephone Number **REFUSE TO GIVE TO ME**
Original Owner Dealer's City **SHERMAN-OAKS** State **CA** Zip Code **91401**
Engine: No: Cylinders _____ Fuel Type: _____

Transmission Type AUTOMATIC Antilock Brakes Cruise Control _____ Powertrain _____
Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-OCT-2006 Failure Mileage ? LESS THAN 10000 Failure Speed 25 **NO BRAKES.**

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: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: **TOWN & COUNTRY / CHRYSLER** 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 _____ 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).

DT*: THE CONTACT STATED THE ABS BRAKE LIGHTS ILLUMINATED AND WHILE STOPPING THE VEHICLE FROM 25 MPH, THE BRAKES BECAME DIFFICULT TO APPLY. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC SHOP, WHO DETERMINED THAT THE ABS BRAKES NEEDED TO BE REPLACED UNDER NHTSA RECALL #96V099000, REGARDING SERVICE BRAKES, HYDRAULIC:ANTILOCK. THE VEHICLE WAS TOWED THE DEALER WHO REFUSED TO EXAMINE OR PERFORM REPAIRS, BECAUSE THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE VEHICLE WAS TOWED BACK TO THE RESIDENCE, AND NO REPAIRS WERE MADE.

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 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.

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

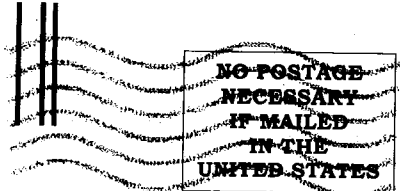
~~DEALER~~ DEALER PRINTED PAPERS TO SHOW WHAT HE NEEDED TO SAY. I ASKED FOR A COPY & PAPERS STATING THAT IT WAS SAFE TO DRIVE. ^{GIVE} NO PAPER I LET THE DEALER KNOW WIFE IS PREGANT, THEY REFUSE TO HELP TOLD ME TO GET THE FUCK OUT, & THE DEALER "I NOT GOING TO HELP" CALLED CHRYSLER ~~RE~~ "CENTER" "NO HELP" NAME "I THINK [REDACTED] OF DEALER. NEXT TO COURT HOUSE [REDACTED], SHERMAN OAKS, CA [REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

NO PAPERS OCT 23 2006 1:05 PM 1:05 CALI TIME [REDACTED] TOOK REPORT. CENTER FOR CHRYSLER.

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS

SANTA CLARITA
CA 91351
03 NOV 2006 PM



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

CAR IS AT DEALER.
UNKNOW MILEAGE.

MILEAGE IN/out = 122860
ON LA BREA & 4TH.