



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 **2007 MAR -5 AM 7:36** Repository

Reference No.
10211808

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City BRIDGMAN State MI Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address **N/A**
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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2C4GP44R94F **[REDACTED]** Make CHRYSLER Model TOWN AND COUNTRY Model Year 2004

Date Purchased 19-JAN-04 Dealer's Name and Telephone Number SIEMANS Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City BRIDGEMAN State MI Zip Code

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 020000 SUSPENSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-NOV-2007 Failure Mileage 64000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **N/A** 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: **N/A** 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 0 Number of Deaths 0 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).

TL*THE CONTACT OWNS A 2004 CHRYSLER TOWN AND COUNTRY. THE CONTACT TOOK THE VEHICLE TO THE DEALER BECAUSE OF A LOUD KNOCKING SOUND WHEN DRIVING OVER BUMPS. THE MECHANIC STATED THAT THE NOISE WAS FROM THE WEAR AND TEAR OF THE SUSPENSION. THE DEFECT WAS REPLACED WITH A FRONT SUSPENSION BUSHING SWAY ELIMINATOR MODULE. THE DEALER STATED THAT THIS WAS A COMMON FAILURE WITH THIS YEAR, MAKE, AND MODEL VEHICLE. THE DEALER FURTHER STATED THAT THERE WERE NO RECALLS AVAILABLE. THE SPEED WAS UNKNOWN. THE FAILURE MILEAGE WAS 64,000 AND CURRENT MILEAGE WAS 65,000.

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)

THE SERVICE REPRESENTATIVE STATED THAT THEY REPLACE MANY BUSHING SWAY ELIMINATORS AND IS SURPRISED A RECALL HAS NOT BEEN DONE. THE NOISE BEFORE REPAIR WAS VERY LOUD AND MADE ONE WONDER IF THE WHEEL OR SUSPENSION WOULD FALL OFF OR COLLAPSE, CAUSING A SERIOUS ACCIDENT.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

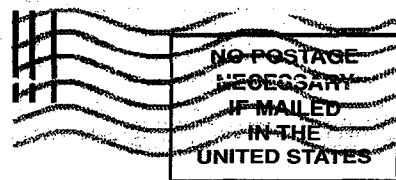
National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

KALAMAZOO MI 490

01 FEB 2008 PM 3



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-210
400 7th Street, SW
Washington, DC 20590



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



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



9004

167730



8961 Red Arrow Highway · P.O. Box 768
Bridgman, Michigan 49106

269-465-5344 or 269-925-3673

INVOICE

PAGE 1

SERVICE ADVISOR: 12973 JOHN COOPER

BRIDGMAN, MI

HOME: [REDACTED] BUS:

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLUE	04	CHRYSLER TOWN & COUN	2C4GP44R94R [REDACTED]		65836/65836	[REDACTED]	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
19JAN04 IS			18:00 15NOV07			CASH	15NOV07

R.O. OPENED	READY	OPTIONS:	STK:C4261 ENG:EGA_3.3L_V6_OHV			
08:31 15NOV07	13:06 15NOV07	TRN:DGL_4-Spd_Auto				

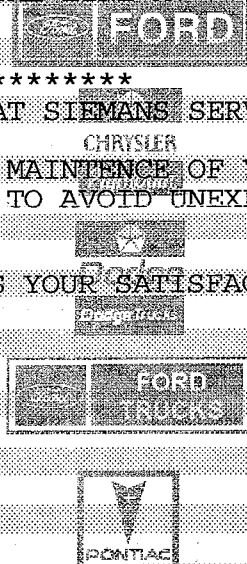
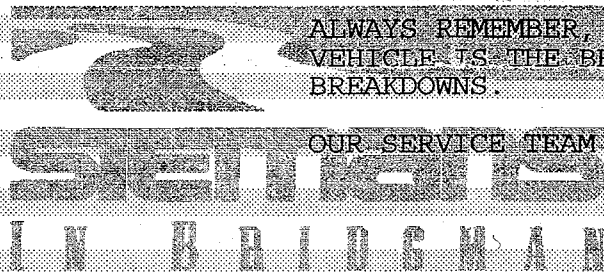
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUST STATES VEHICLE MAKES KNOCKING SOUND WHEN GOING OVER SUSPENSION AND OVER BUMPS							
2F FRONT SUSPENSION							
8319 GRIMM, JASON LIC#: M100729							
CC							
2	4743024AD	BUSHING-SWAY ELIMINATOR			4.95	4.95	9.90
PARTS:	9.90	LABOR:	75.00	OTHER:	0.00	TOTAL LINE A:	84.90

INSPECT AND REPLACE SWAY BAR BUSHINGS

THANK YOU FOR SHOPPING AT SIEMANS SERVICE

ALWAYS REMEMBER, PROPER MAINTENANCE OF YOUR VEHICLE IS THE BEST WAY TO AVOID UNEXPECTED BREAKDOWNS.

OUR SERVICE TEAM GOAL IS YOUR SATISFACTION.



800-424-9393 DORSAL ON 12/13/07
CONF. NO. - 10211808

() CASH CHECK CHECK NO. ()
 () VISA () MASTERCARD () DISCOVER
 () AMER. EXPRESS () OTHER () CHARGE

DATE: 11-15-07 INITIALS: [REDACTED]

ALL REPAIRS AND PARTS LISTED WERE FURNISHED UNDER THE PROVISIONS OF THE MICHIGAN AUTO REPAIR ACT (P.A. 300).

COMPANY AUTHORIZED REPRESENTATIVE: [REDACTED]

THANK YOU FOR YOUR BUSINESS !!

CUSTOMER SIGNATURE: _____

STATEMENT OF DISCLAIMER
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE: _____

DESCRIPTION	TOTALS
LABOR AMOUNT	75.00
PARTS AMOUNT	9.90
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	5.25
TOTAL CHARGES	90.15
LESS INSURANCE	0.00
SALES TAX	0.91
PLEASE PAY THIS AMOUNT	91.06

Thank you for this opportunity to serve you. Our aim is to perform all the repairs requested on this repair order to your complete satisfaction. If our service was satisfactory, tell your friends, if not, tell us immediately.

Thank You

CUSTOMER COPY

MICH. FACILITY NO. F-104157