



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received  23-MAY-2014	Repository <input type="checkbox"/>
	Reference No. 10593607

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

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City WASHINGTON State MI Zip Code [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit vehicle identification number located at bottom of windshield on driver's side -1C4RJFBG5DC [REDACTED]	Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2011
Date Purchased 4/22/11	Dealer's Name and Telephone Number ST CLAIR CHRYSLER 810-329-2100		Engine: No: Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City ST CLAIR MI	State MI	Zip Code 48079
Transmission Type 6 SPEED AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Multiple Failure:  Incident Date(s) 19-MAR-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage 48000	Failure Speed
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**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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**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 2011 CHRYSLER TOWN AND COUNTRY. THE CONTACT STATED THAT THE BLIND SPOT DETECTOR SYSTEM DISPLAYED A NON-FUNCTIONAL WARNING MESSAGE ON THE MESSAGE CENTER AND THE SYSTEM STOPPED WORKING. THE FAILURE ALSO CAUSED THE REAR CAMERA PARK ASSIST TO STOP WORKING. THE VEHICLE WAS TAKEN TO THE DEALER AND THE TECHNICIAN STATED THAT THE SENSOR OR WIRING HARNESS MIGHT NEED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE 48,000. THE CURRENT MILEAGE WAS 50,100.

VEHICLE REPAIRED @ NO COST UNDER A GOOD WILL WARRANTY CLAIM.

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 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)**

PLEASE NOTE THAT THE ISSUE WAS RESOLVED, THANKS TO THE DEALER (ST CLAIR CHRYSLER) WORKING WITH CHRYSLER. VEHICLE WAS REPAIRED UNDER A GOOD WILL WARRANTY/ CLAIM APPROVED BY CHRYSLER.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

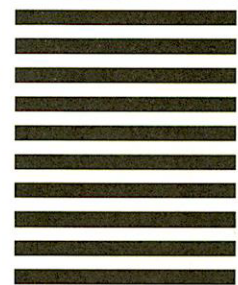
**National Highway Traffic Safety Administration**

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



**NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**



**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  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**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**

**NHTSA**  
www.nhtsa.gov

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

**safercar.gov**

Customer Number: 19942

Invoice No: 165418

# St. Clair

## CHRYSLER Jeep DODGE

\*INVOICE\*

1250 S. Carney Drive  
St. Clair, MI 48079  
Phone: (810) 329-2100  
Fax: (810) 329-4586  
(800) 399-7042

PAGE 1

WASHINGTON, MI  
Home: Bus: Cell:  
Email: email home

SERVICE ADVISOR: 287 HEATHER BRODACKI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
DARK CHARC	11	CHRYSLER TOWN & COUN	2A4RR8DG7BR		52042 52042	T746	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22APR11			WAIT 17JUN14		99.00	CASH	17JUN14
R.O. OPENED	READY	OPTIONS: STK:11-429 DLR:NONE					
08:14 17JUN14	17:19 17JUN14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							

A Customer states blind spot system inop, please advise, customer seeks goodwill

CAUSE: .  
50 ELECTRICAL  
425 FOURNIER, KEVIN C LIC#: M122482  
WP 0.00 (N/C)  
2 56038942AA SENSOR-BLIND SPOT DETECTION (N/C)  
CUSTOMER PAY DEDUCTIBLE FOR LINE A 50.00

, 52042 DRIVABILITY TEST RIGHT AND LEFT BLIND SPOT SENSORS INTERNAL ,  
, CHECK POWERS AND GROUNDS TO SENSORS REPLACE BOTH SENSORS AND RE-TEST  
\*\*\*\*\*

B TRANSMISSION/TRANAXLE, customer was told by Express Service the left  
axle seal is leaking AND THE FRONT DIFFERENTIAL (see chris or  
sam)

CAUSE: .  
30 TRANSMISSION  
425 FOURNIER, KEVIN C LIC#: M122482  
WP 0.00 (N/C)  
1 4412522AC SEAL (N/C)

,, , 52042 FOUND BOTH RIGHT AND LEFT AXLE SEALS LEAKING REPLACE AND  
,, , RE-CHECK  
\*\*\*\*\*

C CUSTOMER STATES HE WOULD LIKE TO HAVE THE FRONT BRAKES INSPECTED.  
PLEASE CHECK AND ADVISE.

40 BRAKES  
425 FOURNIER, KEVIN C LIC#: M122482  
CP 0.00 0.00 0.00  
, 52042 CHECK BRAKES 7MM LEFT  
\*\*\*\*\*

D CUSTOMER STATES THERE IS A P25 REAR QUARTER VENT WINDOW SWITCH.  
PLEASE CHECK AND ADVISE

CAUSE: .  
50 ELECTRICAL  
425 FOURNIER, KEVIN C LIC#: M122482

### 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.

#### SERVICE / PARTS

#### SALES

Tuesday, Wednesday, Friday 7:30 am - 6:00 pm Tuesday, Wednesday, Friday 8:30 am - 6:00 pm  
Monday, Thursday 7:30 am - 7:00 pm Monday, Thursday 8:30 am - 8:00 pm

Repair Facility License # F157538

STATEMENT OF DISCLAIMER		DESCRIPTION	TOTALS
(SIGNED)	DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	LABOR AMOUNT	
	CUSTOMER SIGNATURE	PARTS AMOUNT	
		GAS, OIL, LUBE	
		SUBLET AMOUNT	
		MISC. CHARGES	
		TOTAL CHARGES	
		LESS INSURANCE	
		SALES TAX	
		PLEASE PAY THIS AMOUNT	

Customer Number: 19942

Invoice No: 166418

# St. Clair

CHRYSLER Jeep DODGE

\*INVOICE\*

PAGE 2

1250 S. Carney Drive  
St. Clair, MI 48079  
Phone: (810) 329-2100  
Fax: (810) 329-4586  
(800) 399-7042

WASHINGTON, MI  
Home: Bus: Cell:  
Email: |home

SERVICE ADVISOR: 287 HEATHER BRODACKI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
DARK CHARC	11	CHRYSLER TOWN & COUN	2A4RR8DG7BR		52042 52042	T746	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22APR11			WAIT 17JUN14		99.00	CASH	17JUN14
R.O. OPENED	READY	OPTIONS: STK:11-429 DLR:NONE					
08:14 17JUN14	17:19 17JUN14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
			WR	0.00			(N/C)
			52042	PERFORM RECALL			(N/C)

E\*\* CUSOTMER IS IN A RENTAL  
CAUSE:

70 SUBLET

999 WP 0.00

FC: PART#: COUNT:

CLAIM TYPE: W

AUTH CODE:

(N/C)

\*\*\*\*\*

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Tuesday, Wednesday, Friday 8:30 am - 6:00 pm  
Monday, Thursday 8:30 am - 8:00 pm

Repair Facility License # F157538

DESCRIPTION	TOTALS
LABOR AMOUNT	\$ 0.00
PARTS AMOUNT	\$ 0.00
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 50.00
TOTAL CHARGES	\$ 50.00
LESS INSURANCE	\$ 0.00
SALES TAX	\$ 0.00
PLEASE PAY THIS AMOUNT	\$ 50.00

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) CUSTOMER SIGNATURE

Customer Copy

Customer Number: 19942

Invoice No: 166527

St. Clair

CHRYSLER Jeep DODGE

\*INVOICE\*

PAGE 1

1250 S. Carney Drive
St. Clair, MI 48079
Phone: (810) 329-2100
Fax: (810) 329-4586
(800) 399-7042

WASHINGTON, MI

Home: Bus: Cell:
Email: email |home

SERVICE ADVISOR: 287 HEATHER BRODACKI

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG. Includes details for DARK CHARC, 11, CHRYSLER TOWN & COUN, 2A4RR8DG7BR, 52132 52132, T746.

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A CUSTOMER STATES THE PARK ASSIST LIGHT IS ON AND THE BLIND SPOT DETECTORS ARE INOP. HAS NO CONTROL TO TURN ON OR OFF THE PARK ASSIST OFF AND THE BLIND SPOT DETECTORS ARE SHOWING THAT THEY ARE ON BUT ARE INOP. PLEASE CHECK AND ADVISE

CAUSE:
50 ELECTRICAL
425 FOURNIER, KEVIN C LIC#: M122482
WP 0.00 (N/C)
1 1EW63TZZAA SENSOR-PARK ASSIST (N/C)
1 5113473AC WIRING-REAR FASCIA (N/C)
4 6501916 PUSH PIN (N/C)
,,,,,52132 replace park assist wiring harness and 1 sensor

B CUSTOMER IS IN A RENTAL
CAUSE:
70 SUBLET
999 WP 0.00 (N/C)

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Repair Facility License # F157538

Table with columns: DESCRIPTION, TOTALS. Includes rows for LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INSURANCE, SALES TAX, PLEASE PAY THIS AMOUNT.