


Feb 6 2015

 <p>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</p>	FOR AGENCY USE ONLY 100148	
	Date Received 11-DEC-2014	Repository <input type="checkbox"/> Reference No. 10663697
OWNER INFORMATION (Type or Print)		
Name	Address	Daytime Telephone Number
City	State	Evening Telephone Number
ADELANTO	CA	
<p><i>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).</i></p>		
VEHICLE INFORMATION		
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2A4RR50G8BR	Make CHRYSLER	Model Year 2011
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	Fuel Type:
State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain
	Multiple Failure:	Incident Date(s) 08-AUG-2014
FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Codes: 250000 ELECTRONIC STABILITY CONTROL, 110000 ELECTRICAL SYSTEM		Failure Mileage
		Failure Speed
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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>		
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
<p>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).</p>		
<p>TL* THE CONTACT OWNS A 2011 CHRYSLER TOWN AND COUNTRY. THE CONTACT RECEIVED A NOTIFICATION FOR NHTSA CAMPAIGN NUMBER: 14V234000 (ELECTRICAL SYSTEM) AND STATED THAT THE PART NEEDED WAS UNAVAILABLE TO PERFORM THE RECALL REPAIR. THE MANUFACTURER WAS NOTIFIED OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. THE VIN WAS NOT AVAILABLE.</p>		
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice: ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>		