

MAR 24 2015

 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 28-JAN-2015	Repository ☐ Reference No. 10679443
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name				E-mail Address	
Address				Evening Telephone Number	
City	PITTSTOWN	State	NJ	Zip Code	
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 2A8HR54129R		Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2009	
Date Purchased 6-5-29	Dealer's Name and Telephone Number Fullerton		Engine: No: Cylinders - 6	Fuel Type: gas	
Original Owner ☒	Dealer's City Bridge water	State NJ	Zip Code		
Transmission Type Automatic	☒ Antilock Brakes	Powertrain 6 Yes	Multiple Failure: yes	Incident Date(s) 01-JUL-2013 -	
	☒ Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM			Failure Mileage 30000	Failure Speed low	
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:	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 2009 CHRYSLER TOWN AND COUNTRY. THE CONTACT STATED THAT SHORTLY AFTER THE VEHICLE STARTED, IT STALLED WITHOUT ANY WARNINGS. THE CONTACT WAS ABLE TO RESTART THE VEHICLE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE RECURRED ON NUMEROUS OCCASIONS. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 11V139000 (ELECTRICAL SYSTEM) HOWEVER, THE PART NEEDED TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 30,000.					
<i>I did contact the Chrysler Group LLC on July 2013, January -2015 And March 10-2015 Same Response - part not available</i>					
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.					