 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  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  13-FEB-2015	Repository <input type="checkbox"/>  Reference No. 10683204
<b>OWNER INFORMATION (Type or Print)</b>			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
GRAND ISLAND	FL	[REDACTED]	
<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>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2C4RC1CG6DR [REDACTED]		Make CHRYSLER	Model Year 2013
Model TOWN AND COUNTRY		Engine: No: Cylinders	Fuel Type:
Date Purchased	Dealer's Name and Telephone Number		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:  Incident Date(s) 03-FEB-2014
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 110000 ELECTRICAL SYSTEM		Failure Mileage	Failure Speed
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
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:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:		Failed Part:	
<b>APPLICABLE INCIDENT INFORMATION</b> <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	
<b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> 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 2013 CHRYSLER TOWN AND COUNTRY. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V234000 (ELECTRICAL SYSTEM); HOWEVER, THE PART 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 MADE AWARE OF THE FAILURE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<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>			

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

The problem has been resolved to my satisfaction.

Thank you

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

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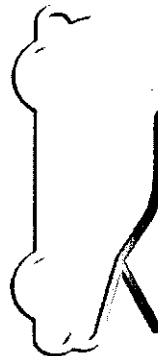
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US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle  
has a safety defect?



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

or visit:

[www.safercar.gov](http://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