

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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	
OWNER INFORMATION (Type or Print)		Date Received 09-APR-2015		Repository ☐ Reference No. 10704732	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City ABINGTON	State MD	Zip Code [REDACTED]			
<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>					
VEHICLE INFORMATION					
17 digit vehicle identification Number located at bottom of windshield on driver's side 2C4RC1BG0C [REDACTED]		Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2012	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
Original Owner ☐	Dealer's City	State	Zip Code		
Transmission Type ☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:		Incident Date(s) 08-APR-2015	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 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)	☐ 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 2012 CHRYSLER TOWN AND COUNTRY. THE CONTACT RECEIVED A NOTICE FOR NHTSA CAMPAIGN NUMBER: 14V234000 (ELECTRICAL SYSTEM) SIX MONTHS AGO AND THE PART NEEDED TO DO THE REPAIR WAS STILL NOT AVAILABLE. THE CONTACT STATED THAT SIX MONTHS AGO THE DEALER DISCONNECTED THE VENT WINDOW AS A TEMPORARY FIX. THE CONTACT BELIEVED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME. THE MANUFACTURER WAS MADE AWARE OF THE DELAY.					
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.					