


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) <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		FOR AGENCY USE ONLY 100148 Date Received 21-AUG-2015		Repository <input type="checkbox"/> Reference No. 10750257	
<b>OWNER INFORMATION (Type or Print)</b>							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City SHREWSBURY		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).							
<b>VEHICLE INFORMATION</b>							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2C4RC1BG8DR				Make CHRYSLER		Model TOWN AND COUNTRY	Model Year 2013
Date Purchased		Dealer's Name and Telephone Number			Engine: No: Cylinders		Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City		State	Zip Code		
Transmission Type		<input type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure:		Incident Date(s) 04-AUG-2014
		<input type="checkbox"/> Cruise Control					
<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> (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
<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 STATED THAT THE RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 14V234000 (ELECTRICAL SYSTEM) WAS RECEIVED IN 2014. AFTER CONTACTING THE DEALER AND THE MANUFACTURER ON MULTIPLE OCCASIONS, THE CONTACT WAS INFORMED THAT THE PARTS NEEDED TO REPAIR THE VEHICLE WERE STILL NOT AVAILABLE AND NO ESTIMATED TIME FOR RECEIVING THE PARTS COULD BE GIVEN. THE VEHICLE WAS TAKEN TO THE DEALER WHO DISCONNECTED THE SWITCH MAKING THE WINDOW INOPERABLE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.							
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.							