

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) 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 31-AUG-2015		Repository ☐ Reference No. 10760426	
OWNER INFORMATION (Type or Print)					
Name		Address		City	
State		Zip Code		E-mail Address	
Daytime Telephone Number		Evening Telephone Number		None	
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		Make		Model	
2A8HR44E79R		CHRYSLER		TOWN AND COUNTRY	
Model Year		Engine:		Fuel Type:	
2009		No: Cylinders		GAS	
Date Purchased		Dealer's Name and Telephone Number		State	
8/19/2009		MARTY CANCILA 314 8313300		Mo	
Original Owner		Dealer's City		Zip Code	
☒		FLORISSANT		63033	
Transmission Type		Antilock Brakes		Incident Date(s)	
Automatic		☐		15-APR-2014	
Powertrain		Multiple Failure:			
		Yes			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	
				35000	
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		Fire		Number of Persons Injured	
☐ Yes ☒ No		☐ Yes ☒ No		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 IT TOOK SEVERAL ATTEMPTS TO START THE VEHICLE. THE FAILURE RECURRED ON SEVERAL OCCASIONS. THE VEHICLE WAS TAKEN TO THE DEALER, BUT THE FAILURE WAS UNABLE TO BE DETERMINED. THE VEHICLE WAS NOT REPAIRED. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V373000 (AIR BAGS, 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 NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 35,000. GOT MAIL AT 6/5/15 - ORDER PART 6/26/15 AS OF NOW 9/25/15 Nothing					
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.					