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

Date Received	Repository ☐
21-SEP-2015 NOV 06 2015	Reference No. 10766522

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City SALISBURY	State MD	Zip Code [redacted]	

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	Model Year
2A8HR44E59R[redacted]	CHRYSLER	TOWN AND COUNTRY	2009

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2009	BARRETT CHRYSLER PLMOUTH			No: Cylinders	GAS
Original Owner ☒	Dealer's City BERLIN	State MD	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control			12-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS	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: DOTMAL9ABC036)	☐ 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	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V373000 (AIR BAGS, ELECTRICAL SYSTEM); HOWEVER, THE PARTS TO DO THE RECALL REPAIR WERE 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 ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY