


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
	Date Received JAN 12 2016 28-OCT-2015	Repository <input type="checkbox"/> Reference No. 10786712
OWNER INFORMATION (Type or Print)		
Name [REDACTED]		Daytime Telephone Number [REDACTED]
Address [REDACTED]		E-mail Address [REDACTED]
City FORESTVILLE	State WI	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 1C4GJ45302 [REDACTED]		Make CHRYSLER Model VOYAGER Model Year 2002
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders 6 Fuel Type: gas
Original Owner <input type="checkbox"/>	Dealer's City	State Zip Code
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Multiple Failure: Incident Date(s) 14-OCT-2015
FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)		Failure Mileage 150000 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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured Number of Deaths 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 2002 CHRYSLER VOYAGER. WHILE DRIVING AT VARIOUS SPEEDS, THE CONTACT NOTICED FUEL FUMES IN THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO DIAGNOSED THAT THE FUEL RAIL NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 150,000. PART WAS Replaced OLD PART IS AVAILABLE FOR INSPECTION. IF NOT REPLACE could have cause Fire Due to Location Next to Distributor Fuel was leaking Down Block IN Ignition AREA, Fuel fumes Entering Drivers Compartment During Driving AND at Idle.		
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.		