

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                           |                                |                                                 |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|-------------------------------------------------|----------------------------------------------------------------------|
|  <div style="text-align: center;"> <b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>To Report Vehicle Safety Defects</b><br/> <b>1-888-DASH-2-DOT</b><br/> <b>(1-888-327-4236)</b><br/> <b>INTERNET: www.nhtsa.dot.gov/hotline</b> </div>                                                                                                                                                                                                                                                                       |                                                                                                           |                           |                                | FOR AGENCY USE ONLY 100148                      |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                           |                                | Date Received<br><br>11-JAN-2016<br>MAR 11 2016 | Repository <input type="checkbox"/><br><br>Reference No.<br>10819388 |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                           |                                |                                                 |                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Daytime Telephone Number  |                                | E-mail Address                                  |                                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                           |                                |                                                 |                                                                      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                     | Zip Code                  | Evening Telephone Number       |                                                 |                                                                      |
| EVANSVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IN                                                                                                        |                           |                                |                                                 |                                                                      |
| <small>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).</small>                                                                                                                                                                                                                                                                                                 |                                                                                                           |                           |                                |                                                 |                                                                      |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                           |                                |                                                 |                                                                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>2A8HR54P08R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Make<br>CHRYSLER          | Model<br>TOWN AND COUNTRY      | Model Year<br>2008                              |                                                                      |
| Date Purchased<br>6-19-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dealer's Name and Telephone Number<br>COBB CARS                                                           |                           | Engine:<br>No: Cylinders<br>6  | Fuel Type:<br>unleaded GAS                      |                                                                      |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's City<br>EVANSVILLE, IN.                                                                          | State<br>IN               | Zip Code<br>47711              |                                                 |                                                                      |
| Transmission Type<br>6 speed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain                | Multiple Failure:              | Incident Date(s)<br>01-OCT-2015                 |                                                                      |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                           |                                |                                                 |                                                                      |
| Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                           |                                | Failure Mileage<br>102000                       | 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<br><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<br><small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                           |                                |                                                 |                                                                      |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | Number of Persons Injured | Number of Deaths               | Reported to Police<br>N                         |                                                                      |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>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 2008 CHRYSLER TOWN AND COUNTRY. WHILE ATTEMPTING TO TURN OFF THE VEHICLE, THE KEY FAILED TO EJECT AND REMAINED IN THE START POSITION. THE FAILURE RECURRED ON NUMEROUS OCCASIONS. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 14V373000 (AIR BAGS, ELECTRICAL SYSTEM); HOWEVER, THE PART NEEDED TO REPAIR THE VEHICLE WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE FAILURE MILEAGE WAS 102,000. PARTS DISTRIBUTION DISCONNECT. |                                                                                                           |                           |                                |                                                 |                                                                      |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                           |                                |                                                 |                                                                      |
| <small>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 to 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.</small>                               |                                                                                                           |                           |                                |                                                 |                                                                      |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

SOME TIMES YOU HAVE TO PUT GEAR SHIFT IN GEAR THEN  
BACK TO PARK A COUPLE OF TIMES BEFORE IT WILL  
LET YOU SHUT CAR OFF

ON RECALL STILL NO ONE HAS CALLED US AND SAID  
THEY HAVE THE PART FOR RECALL TO FIX IT

EXPRESSWAY DODGE MT. VERNON <sup>IN</sup> or EXPRESSWAY IN EVANSVILLE <sup>IN</sup>

RECALL # RD3/NHTSA 14V-373 + 625

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

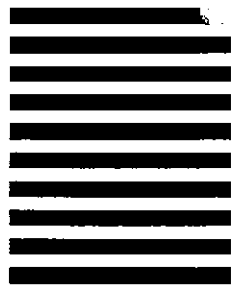
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

EVANSVILLE  
IN 476  
01 MAR '16  
PM 11



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**US Department of Transportation**

**National Highway Traffic Safety Administration**

**Office of Defects Investigation, ~~Room 310~~ NEB-780**

1200 New Jersey Avenue SE.

Washington, D.C. 20077-9382



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

**www.safercar.gov**

or call:

**Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration