

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 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		INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6) FOR SENIOR USE ONLY 100148	
		Date Received 04-MAY-2016 JUL 12 2016		Repository ☐ Reference No. 10862945	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Zip Code	
SENECA FALLS		NY		14856	
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
2A8HR54P98R			CHRYSLER		TOWN AND COUNTRY
Date Purchased		Dealer's Name and Telephone Number		Engine:	
		DAMICO'S 315-789-7676		No: Cylinders	
Original Owner		Dealer's City		State	
☐		Geneva		NY	
Transmission Type		Powertrain		Incident Date(s)	
Automatic		2		04-MAY-2016	
☒ Antilock Brakes		☒ Cruise Control		Multiple Failure:	
				—	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS.				Failure Mileage	
Ignition Switch Recall				—	
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		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 2008 CHRYSLER TOWN AND COUNTRY. THE CONTACT RECEIVED A RECALL NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V373000 (AIR BAGS, ELECTRICAL SYSTEM); HOWEVER, THE PARTS TO DO THE REPAIR WERE UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE CONTACT HAD NOT EXPERIENCED A FAILURE. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. PARTS DISTRIBUTION DISCONNECT.					
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 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.					