



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

INFORMATION ACT (EOIA), 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

AGENCY USE ONLY 100148

Date Received

Repository ☐

02-JUN-2016

Reference No.
10872099

OWNER INFORMATION (Type or Print)

Name 
Address 
City VINELAND State NJ Zip Code 

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
2A8HR54149R 

Make CHRYSLER Model TOWN AND COUNTRY Model Year 2009

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner ☐ Dealer's City State Zip Code

Transmission Type ☐ Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 03-NOV-2015
☐ Cruise Control

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: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair

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:

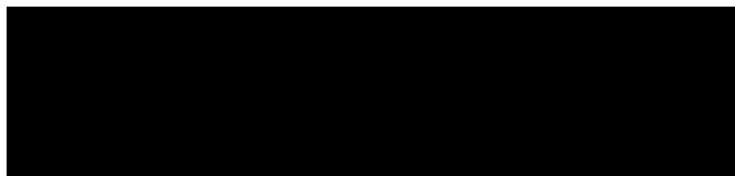
APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ 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 2009 CHRYSLER TOWN AND COUNTRY. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V373000 (AIR BAGS, ELECTRICAL SYSTEM) AND STATED THAT THE PART NEEDED FOR THE REPAIR WAS NOT AVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. 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 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.