

 <p>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</p>		FOR AGENCY USE ONLY 100148 Date Received 21-OCT-2016 JAN - 4 2017		Repository <input type="checkbox"/> Reference No. 10917942
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		
Address		E-mail Address		
City	State	Zip Code	Evening Telephone Number	
SPRING CITY	TN			
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	
2C4RC1BG3DF		CHRYSLER	TOWN AND COUNTRY	
		Model Year		
		2013		
Date Purchased	Dealer's Name and Telephone Number		Engine:	
JAN 2014	SECRET City		No: Cylinders 6	
Original Owner	Dealer's City	State	Fuel Type:	
<input checked="" type="checkbox"/>	DAK RIDGE, TN	TN	GAS	
Zip Code				
37830				
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	
	<input type="checkbox"/> Cruise Control		Incident Date(s)	
			30-SEP-2016	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Codes: 220000 SEATS, 221300 SEATS, FRONT ASSEMBLY, HEADREST ADJUST		Failure Mileage	Failure Speed	
		80000		
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: DOTM19A5C036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> 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	Fire	Number of Persons Injured	Number of Deaths	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 2013 CHRYSLER TOWN AND COUNTRY. THE CONTACT STATED THAT THE PASSENGER SIDE HEADREST INDEPENDENTLY STARTED TO SEPARATE. THE FAILURE OCCURRED WITHOUT WARNING. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE HEADREST NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 80,000.				
Include if available: Police Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the Federal Bureau of Investigation, Department of Justice, by one or more of its employees. 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.				

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

PASSENGER FRONT SEAT HEAD REST OPEN CAUSE AIRBAG ALARM TO STAY ON. CHRYSLER HAD RECALLED 840,000 OF THEIR VEHICLES FOR THE SAME THING. AT THE PRESENT I AM 400⁰⁰ DOLLARS OUT OF POCKET FOR REPAIR

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

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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

