



U.S. Department of Transportation  
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6) AGENCY USE ONLY 100148

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
07-NOV-2016	Reference No. 10924847

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: SOUTH ELGIN State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 2A4RR5DG4B [REDACTED]	Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2011
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type;
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 05-NOV-2016

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage 79050	Failure Speed 20
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**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: DOTM4L9ABC036)	<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
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**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 2011 CHRYSLER TOWN AND COUNTRY. WHILE DRIVING APPROXIMATELY 20 MPH, THE VEHICLE SEIZED. THE VEHICLE WAS TOWED TO A DEALER WHERE IT WAS DIAGNOSED THAT THE TOTALLY INTEGRATED POWER MODULE AND THE FUEL PUMP RELAY NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 79,050.

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.

# ST. CHARLES



1611 E. Main Street • P.O. Box 3250 • St. Charles, IL 60174 • (630) 513-5353 • www.stcharlescdj.com

CUSTOMER NO.	ADVISOR <b>RANDY</b>	TAG NO. <b>7627 1830</b>	INVOICE DATE <b>11/08/16</b>	INVOICE NO.
	LABOR RATE	LICENSE NO.	MILEAGE <b>79,005</b>	COLOR <b>SILVER/</b>
	YEAR / MAKE / MODEL <b>11/CHRYSLER/TOWN &amp; COUNTRY/4DR WGN T</b>			STOCK NO.
<b>S ELGIN, IL</b>	VEHICLE I.D. NO. <b>2 A 4 R R 5 D G 4 B R</b>			DELIVERY DATE
	F. T. E. NO.	P. O. NO.	R. O. DATE <b>11/05/16</b>	DELIVERY MILES
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS		REPRINT# <b>1</b>

MO: 79005

**JOB# 1 CHARGES**

**LABOR**

CUSTOMER STATES VEHICLE WONT START JUST CRANKS CHECK AND ADVISE  
FOUND NO SIGNAL FROM FUEL PUMP RELAY (BUILT INTO TIPM CONTROL MODULE) PERFORM DIAG FOR THIS CONDITION, CHECK ALL WIRING. NO PROBLEM FOUND IN WIRING  
ORDERED REPLACEMENT TIPM CONTROL MODULE, INSTALLED AND PROGRAM TO VEHICLE.  
COMPLETED

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT	PRICE
	1	68244893-AA	TIPM KIT 08035037		980.00
	-1	68244893-AA	CORE RETURN		-125.00
TOTAL - PARTS					855.00

**JOB# 1 TOTALS**

LABOR 465.00  
PARTS 855.00

**JOB# 2 CHARGES**

**LABOR**

PERFORM VEHICLE INSPECTION AND COMPLETE ATTACHED FORM  
INSPECTED VEHICLE AND COMPLETED FORM, SEE RECOMMENDATIONS  
FOR REPAIRS NEEDED OR RELATED JOBS FOR WORK COMPLETED

SUBLET	PO#	VEND INV#	INV. DATE	DESCRIPTION	TOTAL
	17875	55435	11/05/16	TOW VEHICLE	78.13
TOTAL - SUBLET					78.13

**JOB# 2 TOTALS**

SUBLET 78.13

**JOB# 3 CHARGES**

**LABOR**

CHECK FOR WI TECH UPDATES  
TSB NUMBER 18-059-16  
INSPECT AS PER WARRANTY BULLETIN# D-09-12  
LABOR OP NUMBER 18-19-06-5W  
REPROGRAM MODULES AS NECESSARY

**JOB# 3 TOTALS**

JOB# 3 JOURNAL PREFIX CHCS JOB# 3 TOTAL 0.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # A	SS	SHOP SUPPLIES	
			23.25

**DISCLAIMER OF WARRANTIES**  
The Factory Warranty Constitutes All Of The Warranties With Respect To The Sale Of This Item/Items. The Seller Hereby Expressly Disclaims All Warranties, Either Express Or Implied, Including Any Implied Warranty Of Merchantability Or Fitness For A Particular Purpose, And The Seller Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In Connection With The Sale Of This Item/Items.

ALL GENUINE MOPAR PARTS AND LABOR ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST.



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The Reynolds and Reynolds Company ERFANTIVE LJO12U9Z Q (02/12)

# ST. CHARLES



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CUSTOMER NO. [REDACTED]	ADVISOR <b>RANDY</b>	TAG NO. <b>7627 1830</b>	INVOICE DATE <b>11/08/16</b>	INVOICE NO. [REDACTED]
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE <b>79,005</b>	COLOR <b>SILVER/</b>
[REDACTED]	YEAR / MAKE / MODEL <b>11/CHRYSLER/TOWN &amp; COUNTRY/4DR WGN T</b>			STOCK NO.
<b>S ELGIN, IL</b> [REDACTED]	VEHICLE I.D. NO. <b>2 A 4 R R 5 D G 4 B R</b> [REDACTED]			DELIVERY DATE
[REDACTED]	F.T.E. NO.	P.O. NO.	R.O. DATE <b>11/05/16</b>	DELIVERY MILES
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE [REDACTED]	COMMENTS		REPRINT# <b>1</b>

MO: 79005

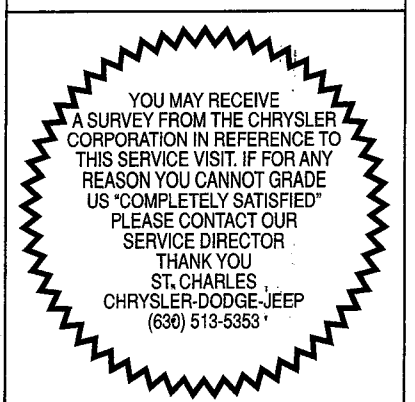
TOTALS-----	TOTAL - MISC	23.25
SERVICE AND PARTS HOURS:	TOTAL LABOR....	465.00
MONDAY - FRIDAY...7:30AM-6:00PM	TOTAL PARTS....	855.00
SATURDAY 8:00AM-5:00PM	TOTAL SUBLET...	78.13
	TOTAL G.O.G....	0.00
	TOTAL MISC CHG.	23.25
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	70.26
	<b>TOTAL INVOICE \$</b>	<b>1491.64</b>

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\*\*\*\*\*  
THANK YOU FOR YOUR BUSINESS !!!

ALL GENUINE MOPAR PARTS AND LABOR ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST.

CUSTOMER SIGNATURE \_\_\_\_\_



The Reynolds and Reynolds Company PHAININVE UUG 1209Z U (U2/12)

ST. CHARLES CDJ  
1611 E MAIN STREET  
ST. CHARLES IL 60174  
630-513-5953  
1678311669

Merchant ID: 1678311669

### Sale

XXXXXXXXXX

VISA

Entry Method: Swiped

Total: \$ 1,491.64

11/08/16

17:16:14

Invt#: 000026

Appr Code: 08442C

Approved: Online

Batch#: 002368

Customer Copy  
THANK YOU!  
COME AGAIN!