

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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		FOR AGENCY USE ONLY 100148	
		Date Received 24-JUL-2017 OCT 17 2017		Repository ☐ Reference No. 11010230	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
EPHARTH		PA			
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
2A8HR44H78R			CHRYSLER		TOWN AND COUNTRY
Date Purchased		Dealer's Name and Telephone Number		Engine:	
21 July 17				No: Cylinders	
Original Owner		Dealer's City		Fuel Type:	
☐				6 Gas	
Transmission Type		Powertrain		Multiple Failure:	
Auto		Front wheel drive		Incident Date(s)	
☒ Antilock Brakes		☒ Cruise Control		23-JUL-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	
TPIM				99100	
Failure Speed					
All					
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		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. WHILE THE IGNITION WAS IN THE ON POSITION, THE ELECTRICAL SYSTEM BECAME INOPERABLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO DIAGNOSED THAT THE TIPM FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED, BUT THE PARTS WERE ORDERED. THE LOCAL DEALER AND MANUFACTURER WERE NOT CONTACTED. THE FAILURE MILEAGE WAS APPROXIMATELY 99,100.					
Purchased new TIPM & installed at cost of \$900.00. Took to Chrysler dealer & had reprogrammed for fifty dollars.					
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.					