INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

U.S. Department of Transportation

National Highway Traffic Safety Administration

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	Repository ☐
14-NOV-2018 FEB 0 1 2019	Reference No. 11151466

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City INDEPENDENCE	State OH	Zip Cod [redacted]

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	Model Year
2C4RC1BG1CR [redacted]	CHRYSLER	TOWN AND COUNTRY	2012

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
AUG 2015	(USED) BRUNSWICK AUTO MART			6	GASOLINE
Original Owner ☐ NO	Dealer's City BRUNSWICK	State OH	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: OCT	Incident Date(s) 14-NOV-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE (PWS)	Failure Mileage	Failure Speed
Power Failure	104000	3 (IDLE) 2 (35mph) 1 (63mph)

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: DOTMAL9ABC036)	☐ 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	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	—	—	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 2012 CHRYSLER TOWN AND COUNTRY. WHILE DRIVING VARIOUS SPEEDS, THE VEHICLE STALLED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, BUT THE FAILURE COULD NOT BE DUPLICATED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER AND DEALER WERE NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 104,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY