

OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
 DOT Auto Safety Hotline

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 05-AUG-2020	Repository <input type="checkbox"/>
	Reference No. 11343497

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
KNOXVILLE	TN	[REDACTED]	
Daytime Telephone Number	E-mail Address		
[REDACTED]			
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 2C4RC1BG4GR [REDACTED]	Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2016
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) 23-JUL-2020

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage 90000	Failure Speed 0

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)	<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			
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
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	

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 2016 CHRYSLER TOWN AND COUNTRY. THE CONTACT STATED THAT WHILE HER HUSBAND WAS DRIVING AT AN UNKNOWN SPEED, THE VEHICLE LOST MOTIVE POWER AND STALLED WITHOUT WARNING. THE VEHICLE WAS TOWED TO THE JIM COGDILL DODGE CHRYSLER JEEP RAM LOCATED AT 8544 KINGSTON PIKE, KNOXVILLE, TN 37919, TO BE DIAGNOSED. THE CONTACT WAS INFORMED THAT THERE WAS METAL SHAVINGS INSIDE OF THE TRANSMISSION, THE TRANSMISSION PUMP WAS DEFECTIVE, AND THAT THE TRANSMISSION NEEDED TO BE REPLACED. THE CONTACT WAS CONCERNED ABOUT THE COST OF THE REPAIR. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THE TRANSMISSION WAS REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE, THE FAILURE MILEAGE WAS 90,000. We discovered a recall on 2016 Town & Country transmissions but were told our vehicle was not covered. Repair cost was over \$3,500.00.

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.

RECEIVED OCT 6 6 2020

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

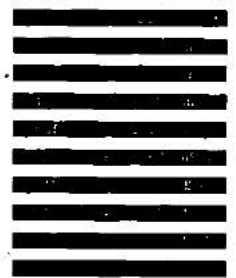
KNOXVILLE TN

15 SEP 2020 PM 2 L



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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 Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

