

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 1058

Date Received 15-JUN-2015 JUL 23 2015	Repository <input type="checkbox"/>
	Reference No. 10692469

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	MISSION	State	TX	Zip Code	[REDACTED]
				Evening Telephone Number	[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 2A4RR5D14A [REDACTED]	Make CHRYSLER	Model TOWN AND COUNTRY	Model Year 2010
Date Purchased 10-13-11	Dealer's Name and Telephone Number CLASSIC Chevrolet		Engine: No: Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City GRANBURY.	State TX	Zip Code 76048
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Multiple Failure: 1
			Incident Date(s) 20-JUN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM UNKNOWN	Failure Mileage	Failure Speed
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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: 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

(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).

CONSUMER WRITES IN REGARDS TO IGNITION SWITCH RECALL NOTICE. *SMD 2010 CHRYSLER TOWN & COUNTRY. CONSUMER SENT ADDITIONAL CORRESPONDENCE. *SMD THE DEALER DISCONNECTED THE REAR QUARTER VENT WINDOW SWITCH, UNTIL A FIX COULD BE ESTABLISHED. THE CONSUMER STATED THE WAS ALMOST A YEAR AGO. *JB 6-30-14 TOOK VAN TO MIKE BROWN CHRYSLER & THEY DISCONNECTED SWITCH OVER A YEAR NOW. SEEMS LIKE THEY COULD HAVE REPAIRED IT BY NOW. WE DO USE THESE WINDOWS ONCE IN A WHILE - did

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.