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 252

Date Received	Repository
27-SEP-2004	
	Reference No. 10094451

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City WEST PALM BEACH	State FL	Zip Code

Do you authorize NHTSA to provide your name and address to the manufacturer of your vehicle in the absence of an au... provide your name or address to the vehicle manufacturer. ☐ YES ☒ NO

Signature of Owner _____ Date 10/29/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C8GM68474R	CHRYSLER	PACIFICA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7-07	out of Business			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	191000 TIRES:TREAD/BELT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-SEP-2004	15,380	30	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
MICHELIN	ENERGY MXV4 PLUS	235/65R17
DOT No. (Example: DOTMALBABC036) AP87W3XX2003	☒ Original Equipment ☐ Prior Repair	Failure Location: Wellington, FL.
Tire Component Code 191000 TIRES:TREAD/BELT		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	0	0	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).

WHILE DRIVING CONSUMER WAS FLAGGED DOWN BY ANOTHER MOTORIST ON THE HIGHWAY AND WAS INFORMED THAT SMOKE WAS COMING FROM THE PASSENGER 'S SIDE TIRE. CONSUMER PULLED OVER. PASSENGER 'S SIDE TIRE BLEW OUT. MICHELIN, ENERGY MXV4 PLUS, 235/6517 RADIAL XE, DOT AP87W3XX2003. THE DRIVER CALLED FOR ROAD SIDE ASSISTANCE , AND VEHICLE WAS TOWED TO THE DEALER FOR INSPECTION. *AK

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.