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	Repository
21-FEB-2006	Reference No. 10150765

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OWNER INFORMATION (Type or Print)

Name			
Address			
City ROCKFORD	State IL	Zip Code	

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C4GM684	CHRYSLER	PACIFICA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-04	BAXTER AUTO 402-493-7800			No. Cylinders	Gas
Original Owner ☒	Dealer's City OMAHA	State NE	Zip Code 68154		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-FEB-2006	21000	50	

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).

DT*: THE CONTACT STATED THE VEHICLE STALLED INTERMITTENTLY. DURING THE LAST INCIDENT THE VEHICLE STALLED WHILE TRAVELING BETWEEN 45 AND 50MPH. THE ONLY OPERABLE PART OF THE VEHICLE DURING THE STALLING WAS THE HEATER AND RADIO. AFTER THE VEHICLE WAS PLACED INTO PARK THE ENGINE RESTARTED. THE VEHICLE WAS TAKEN TO THE DEALER, BUT THE PROBLEM COULD NOT BE DUPLICATED.

The vehicle has stalled on 2 additional occasions. In Nov. 2004, car in park w/engine running – engine turned off/radio stayed on. In July 2005, making a slow left hand turn – engine turned off. Vehicle taken to dealer after each incident – could not be duplicated – nothing done.

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