



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
NOV 29 2011
01-NOV-2011

Repository ☐

Reference No.
10433778

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **LOUISBURG** State **NC** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address **[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
1C3BC1FB3BN [REDACTED] Make **CHRYSLER** Model **200** Model Year **2011**

Date Purchased **10-7-11** Dealer's Name and Telephone Number **DANDY AUTOMOTIVE** Engine: **No: Cylinders** Fuel Type: **GAS**
Original Owner ☒ Dealer's City **LOUISBURG** State **NC** Zip Code **27549**

Transmission Type **AUTO** ☒ Antilock Brakes Powertrain Multiple Failures: Incident Date(s) **10-OCT-2011**
☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **120000 EXTERIOR LIGHTING** Failure Mileage **600** 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: DOTM9ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
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 ☐ Yes ☒ No Fire ☐ Yes ☒ 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 2011 CHRYSLER 200. WHILE PARKED THE CONTACT NOTICED THAT THE ILLUMINATION OF THE HEADLIGHTS WAS VERY LIMITED AND WOULD NOT ALLOW HIM TO SEE THE ROADWAY. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSTICS. THE TECHNICIAN STATED THE HEADLIGHTS WOULD BE ADJUSTED BUT THE FAILURE CONTINUED. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 600.

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.