

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA) 5 USC 552(b)(6)



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
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 ☐

02-MAY-2012

Reference No.
10457205

MAY 14 2012

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Daytime Telephone Number

E-mail Address

Address [REDACTED]

Evening Telephone Number

City WEST MILFORD

State NJ

Zip Code [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

2A8GF08X08R [REDACTED]

Make

CHRYSLER

Model

PACIFICA

Model Year

2008

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner ☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

20-APR-2012

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN

Failure Mileage
70000

Failure Speed

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: DOTM1A9ABC036)

☐ 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).

TL* THE CONTACT OWNS A 2008 CHRYSLER PACIFICA. WHILE TRAVELING 35 MPH, THE VEHICLE SUDDENLY DOWNSHIFTED WITHOUT WARNING. MOMENTS LATER THE CONTACT NOTICED THE VEHICLE WOULD SUDDENLY SURGE FORWARD ABNORMALLY. THE VEHICLE WAS TAKEN TO THE DEALER WHERE THE CONTACT WAS INFORMED THAT THE TRANSMISSION NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE CURRENT AND THE FAILURE MILEAGE WAS 70,000.

*Chrysler will NOT admit to any recalls
or complaints. I googled the complaints and read the same problems*

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.

Complaint # 10457205

[REDACTED]

EST Milford NV [REDACTED]

[REDACTED]

2 pages

Loreng's Transmissions

84 Main street
 Bloomingdale, NJ 07403-0000
 Shop Phone: (973) 835-2500
 Fax: (973) 492-3444
 Email: lorengs@optonline.net

Invoice**6036**

Estimate Ref #0
 Date Printed: 05/03/2012
 Printed Time: 1:58 pm
 Shop Tax I.D #
 Dealer Lic.

Hnd/Ref: Franklin / Chuck /

Loreng's Transmissions

Time Promised:

2008 CHRYSLER PACIFICA TOURING V6 4.0L 3952CC 241CID FI GAS N X
 VIN: 2A8GF68X08R8
 License: [REDACTED] Mileage In: 0
 Unit #: AWD Mileage Out: 74,942
 DOM: 10-07

Date Written: 04/20/2012
 Written By: John Jr
 Save Old Parts: Yes

West Milford, NJ

Home

Cell:

Job Name	Description	Technician	Qty	List	Extended
Job #1 Sublet	Work Requested - AAA Tow To Shop / Check Trans / Check Engine Light Is On / Whines / NEEDS DRIVER FRT INNER TIE ROD END - NEEDS FRT END ALINEMENT - <i>Driver Side</i>		1.00	3,775.00	3,775.00
Work Performed - Elec Dio Scan - Install Chrysler Reman Transmission part# R8037280AC, Ser.# M3018524 / ***** SEE OWNERS MANUAL FOR TRANS SERVICE INTERVALS *****					

Job #2 Sublet	Work Requested - AAA Towed To Shop / Not Roadtestable / Whines /		1.00	0.00	0.00
Work Performed - Elec Dio Scan - P0944 Loss Of Prime / P0841 U/R Press Switch / P0733 3rd Ratio / P1790 Fault After Shift / P0868 Line Press Low / --- Cleared Codes --- Reman Chry Dealer 62TE AWD Elec Automatic Transaxle - With Reman Converter - Buter Chrys Dealer Refresh - Installed 2 New Dealer Trans Mounts - TFC O-Ring - New Plus 4 Mopar Transaxle Fluid / Gas \$10.00					

HAVE A NICE DAY THANK YOU

CAR MUST BE BROUGHT BACK FOR INSP Or Void Warr

3 Years Or 100000 Miles Which Ever Comes First

No Warr Unless Vehical Is Brought Back For 500 Mile Insp And Trans Is Serviced f: - Warr Must Be Marked On Paper
 Work

Payment Date	Type	Method	Amount
5/3/2012	Cash		4,039.25
Payment Totals:			\$4,039.25

Parts: \$0.00
 Labor: \$0.00
 Sublet: \$3,775.00
 Misc: \$0.00

Hazmat: \$0.00
 Supplies: \$0.00
 Tax: \$204.25

Invoice Total: \$4,039.25

Less Paid: ~~10.00~~
 Balance Due: **10.00**

Thank you for your business. Please come again!

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By _____

Date _____ Time _____

A

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