

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

Form Approved: O.M.B. No. 2127-0008

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received

26-JUN-2015

Repository ☐

Reference No.
10730681

OWNER INFORMATION (Type or Print)

Name

Address

City LARUE

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

2C4CM68445R

Make

CHRYSLER

Model

PACIFICA

Model Year

2005

Date Purchased

11/02/07

Dealer's Name and Telephone Number

Chesrown Chevrolet Buick GMC 740-363-1175

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

☐

Dealer's City

Delaware, Ohio

State

Ohio

Zip Code

43015

VC

Transmission Type

Auto FWD

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Multiple Failure:

Incident Date(s)

04-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 120000 EXTERIOR LIGHTING

Failure Mileage
105000

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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 2005 CHRYSLER PACIFICA. THE CONTACT STATED THAT THE HEADLIGHTS FAILED. THE CONTACT WAS ABLE TO REPLACE THE HEADLIGHT BULBS; HOWEVER, THE FAILURE RECURRED. THE CONTACT STATED THAT THE VEHICLE EXHIBITED SYMPTOMS OF A PREVIOUS RECALL; HOWEVER, THE VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 05V066000 (EXTERIOR LIGHTING). THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 105,000.

DRIVERS side headlight replaced x 3. Still not working.
Dangerous to drive with only one headlight.

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.