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 ☐
17-JUL-2015	Reference No. 10734826

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City SCHILLER PARK	State IL	Zip Code	

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	Make	Model	Model Year
2C4GM68435R	CHRYSLER	PACIFICA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2006					
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 17-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage	Failure Speed
engine sub frame	120500	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: 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	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).

TOOK MY PACIFICA IN FOR A CAR ALIGNMENT AND WALKED OUT WITH THE NEWS THAT MY ENGINE IS ABOUT TO FALL. I FOUND OUT THAT MY SUB FRAME FRONT ENGINE CRADLE NEEDS TO BE REPLACE ASAP, OTHERWISE IT'S NOT SAFE FOR ME AND MY BABY TO DRIVE . THERE'S A HUGE RUST PROBLEM, WHEN I CALLED THE CHRYSLER DEALER THEY TOLD ME THAT THERE WAS NO RECALL AND THAT THE FIXING COST WOULD BE AROUND $2500.00. I STARTED RESEARCHING THIS PROBLEM AND FOUND OUT IT'S A WIDESPREAD ISSUE. GUESS IT SUCKS TO BE ALL THE REST OF US. NOTHING EVER WAS MENTIONED ABOUT THIS DEFECT IN THE RUSTY ENGINE CRADLE AND GOD KNOWS WHAT COULD HAPPEN IF IT WON'T BE FIX. I AM A SINGLE PARENT AND I CAN'T AFFORD TO PAY FOR SOMEONE'S MISTAKES.

I JUST PURCHASED A USED ENGINE CRADLE THAT IS IN A VERY GOOD CONDITION.

I WILL ATTACH THE RECEIPT OF THE ENGINE FRAME BUT NOT INCLUDING THE LABOR THAT I WILL STILL HAVE TO PAY FOR.IF THERE WAS EVER A RECALL FOR THAT PART IT WOULD SAVE PEOPLE TONS OF MONEY.

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

From:	Williams, Maritza CTR (NHTSA) on behalf of DataQuality, DataQuality (NHTSA)
To:	Abbew, Margaret CTR (NHTSA)
Subject:	FW: Referance# 10734826
Date:	Friday, September 11, 2015 4:17:37 PM
Attachments:	AR-M317_20150911_145713.pdf

Questionnaire.

Maritza L. Marshall-Williams
BLF Technologies Inc.
on assignment with National Highway Traffic Safety Administration,
Dept. Of Transportation
W48-204
maritza.williams.ctr@dot.gov
Ph: 202-493-0317
Fax: 202-366-3081

From: [redacted]
Sent: Friday, September 11, 2015 3:00 PM
To: DataQuality, DataQuality (NHTSA)
Subject: Referance# 10734826

Complaint NVS -216rr

---------- Forwarded message ----------
From: [redacted]
Date: Sep 11, 2015 1:55 PM
Subject: 2005
To: "[redacted]>
Cc:

Thank You,

[redacted]

Personal Banker

First Nations Bank

[redacted]

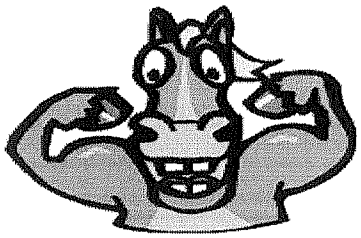
Chicago IL [redacted]

[p] [redacted]

[f] [redacted]

[redacted]

"Where Relationships Come First"



MAVERICK AUTO PARTS ST 1
2801 N CENTRAL AVE
CHICAGO, IL 60634

PHONE: (773) 283-6277

WHOLESALE PHONE 773-283-6197

SOLD TO: **** CASH ****

SHIP TO:

CUST NO: [redacted]
TERMS: CASH/CHECK/BANKCARD

DATE: 9/4/15 TIME: 3:06
CLERK: MARK TERMINAL: 26
SALESPERSON: R RETAIL ACCOUNTS
TAX: DEF 9.25 % COOK COUNTY TA

REFERENCE:
JOB NO: 000
DEL. DATE: 9/4/15

ORDER: [redacted]

	MFG	PART NUMBER	ORDERED	SHIPPED	BKO	SUGG	NET	NET CORE	EXT. AMOUNT
1	SIO	FRONT SUBFRAME	1				750.00		750.00
		CROSSMEMBER							
2		2005 CHRYSLER PACIFICA							
3	POR	45008	1				34.99		34.99
		POR-15 RUST PREV BLK PINT							

TAXABLE 784.99
NON-TAXABLE 0.00

SUB-TOTAL 784.99

SUBTOTAL 784.99

TAX AMOUNT 72.61

TOTAL 857.60

DEPOSIT AMT: 0.00
BALANCE DUE 857.60

TOT WT: 0.00

[redacted]

PAID
CASH
9-4-15

X _____
Received By

CORES MUST BE RETURNED IN ORIGINAL BOXES WITHIN 30 DAYS. ALL RETURNS MUST BE ACCOMPANIED BY THIS INVOICE.
NEW RETURNS WITHIN 30 DAYS FOR FULL CREDIT. SPECIAL ORDERS MAY BE NON REFUNDABLE.

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ