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
24-JUL-2015	☐
	Reference No. 10743346

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City UPPER MARLBORO **State** MD **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	Make	Model	Model Year
1C3AN65L05X[redacted]	TBD CHRYSLER	TBD CROSSFIRE	9999 2005

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
5/3/06	TATE 301-663-6126		No: Cylinders	PREMIUM
Original Owner ☐	Dealer's City FREDERICK	State MD Zip Code 21704		

Transmission Type			Multiple Failure:	Incident Date(s)
MANUAL	☑ Antilock Brakes ☑ Cruise Control	Powertrain		01-MAY-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage	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: 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).

THE REAR WINDOW FELL OUT. I HAD IT REPAIRED BUT THE WINDOW FELL OUT AGAIN. AS A RESULT OF THE WINDOW FALLING OUT, THE REAL DEFROSTER NO LONGER WORKS.
VIN PASSED ## CHRSYLER CROSSFIRE 2005

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