

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF**



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

**INFORMATION ACT (EOIA), 5 U.S.C. 552(B)(6)**  
**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	Repository <input type="checkbox"/>
29-JUL-2015	Reference No. 10744777

OWNER INFORMATION (Type or Print)			
Name	Address		City
Daytime Telephone Number	E-mail Address		State
Evening Telephone Number	Zip Code	State	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
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
<input type="checkbox"/> Cruise Control			Incident Date(s) 26-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: ENGINE (PWS)	Failure Mileage	Failure Speed
	51000	80

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

ON 3 SEPARATE OCCASIONS OVER THE PAST 2.5 YEARS THE ENGINE HAS COMPLETELY STOPPED WHILE I WAS DRIVING ON THE FREEWAY. I HAVE NARROWED DOWN HOW TO REPRODUCE THE PROBLEM:

- 1) SET CRUISE CONTROL
- 2) SHIFT INTO NEUTRAL
- 3) TURN OFF CRUISE CONTROL QUICKLY AFTER SHIFTING INTO NEUTRAL

THE PROBLEM DOESN'T HAPPEN EVERY TIME, BUT WHEN IT DOES:

- 1) THE ENGINE STOPS IMMEDIATELY
- 2) A BUNCH OF DASHBOARD LIGHTS COME ON: CHECK ENGINE, OIL PRESSURE AND OTHERS I CAN'T REMEMBER
- 3) THE POWER STEERING STOPS WORKING (PROBABLY BECAUSE THE ENGINE IS OFF)

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.