

 INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT 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		DOT Form 100148 Date Received: 5/24/2016 18-DEC-2015	
		Repository ☐ Reference No. 10811162	
OWNER INFORMATION (Type or Print)			
Name: [REDACTED]		Daytime Telephone Number: [REDACTED]	
Address: [REDACTED]		E-mail Address: [REDACTED]	
City: BRISTO	State: PW	Zip Code: [REDACTED]	Evening Telephone Number: [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: 2C8GF68495R [REDACTED]		Make: CHRYSLER	Model Year: 2005
Date Purchased: 12/17/2013	Dealer's Name and Telephone Number: A.M.A. CARS (215) 638-4430		Engine: No: Cylinders
Original Owner: ☐	Dealer's City: Trevaux, PA	State: PA	Fuel Type: Regular
Transmission Type: ☒ Antilock Brakes	Powertrain: ☒ Cruise Control	Multiple Failure:	Incident Date(s): 17-MAR-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 162000 STRUCTURE: BODY		Failure Mileage: 52000	Failure Speed: 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: 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:	Number of Deaths:
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 WHEN THE VEHICLE WAS TAKEN FOR A SCHEDULED OIL CHANGE, THE TECHNICIAN NOTICED THAT THE CRADLE AND SUB FRAME WAS SEVERELY RUSTED. THE VEHICLE WAS TAKEN TO THE DEALER FOR A SECOND DIAGNOSIS WHERE IT WAS CONFIRMED THAT THE SUB FRAME WAS FRACTURED AND RUSTED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 52,000.			
Dec. 2015 - This vehicle failed inspection due to the above failure. We could not get replacement parts so we had to have the frame repaired.			
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.			

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TO:

FROM:

FAX:

TEL:

COMMENT: