

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA) 5 U.S.C. 552(b)(6)		DOT Auto Safety Hotline 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline	Date Received MAR 18 2016 15-JAN-2016	Repository ☐ Reference No. 10820486
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects				
OWNER INFORMATION (Type or Print)						
Name		Address		City		State
				GROVE CITY		OH
Zip Code		Daytime Telephone Number		Evening Telephone Number		E-mail Address
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	
2C8GF68485R			CHRYSLER	PACIFICA	2005	
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:	
				No: Cylinders		
Original Owner	Dealer's City		State	Zip Code		
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)	
	☐ Cruise Control				15-JAN-2016	
FAILED COMPONENT(S)/PART(S) INFORMATION						
Vehicle Component Codes: VISIBILITY/WIPER (PWS), 134000 VISIBILITY: SUN ROOF ASSEMBLY				Failure Mileage	Failure Speed	
				200000	60	
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: DOTM9ABC036)		☐ 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			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. WHILE DRIVING APPROXIMATELY 60 MPH, THE CONTACT HEARD A SOUND LIKE AN EXPLOSION. THE CONTACT HAD TO PULL OVER TO THE SIDE OF THE ROAD AND DISCOVERED THAT THE SUN ROOF HAD SHATTERED. THE VEHICLE WAS DRIVEN TO THE CONTACT'S RESIDENCE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 200,000.						
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.						