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 ☐
16-NOV-2016 JAN - 5 2017	Reference No. 10926359

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City NORTH ~~WILKBORA~~ Wilkesboro	State NC / Zip Code [redacted]	Evening Telephone Number	

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
1C3CCBBB6DN[redacted]	CHRYSLER	200	2013

Date Purchased	Dealer's Name and Telephone Number			Engine: 4 Cylinder	Fuel Type:
Aug. 21, 2015	Dwight Phillips Auto			No: Cylinders	gas
Original Owner ☐	Dealer's City Wilkesboro	State NC	Zip Code 28659		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	Powertrain		01-NOV-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 LIGHTING (PWS)	Failure Mileage	Failure Speed
	31000	

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			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 2013 CHRYSLER 200. WHILE OPERATING THE VEHICLE WITH THE LOW BEAM HEADLIGHTS ACTIVATED, THE LIGHTS WOULD NOT ILLUMINATE FAR ENOUGH TO SEE THE ROAD AHEAD. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE LIGHTS OPERATED NORMALLY. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 31,000.

There was no adjustment that could be done. The car was manufactured this way.

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