

INFORMATION ACT (EOIA) 5 U.S.C. 552(B)(6)



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

15-DEC-2016

JAN 24 2017

Repository ☐

Reference No.
10935481

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City EAST MEADOW State NY 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: 2C4GF68405R [REDACTED]
Make: CHRYSLER Model: PACIFICA Model Year: 2005
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: *Supper Auto* Engine: No: Cylinders: *6* Fuel Type: *Gas*
Original Owner: ☒ Dealer's City: *RT-23 N.J.* State: *N.J.* Zip Code: *V6 3.5L*
Transmission Type: ☒ Antilock Brakes Powertrain: Multiple Failure: *Engine Cradle Rot* Incident Date(s): 12-DEC-2016
☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 162000 STRUCTURE: BODY Failure Mileage: 67725 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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. WHILE THE VEHICLE WAS UNDERGOING ROUTINE MAINTENANCE, IT WAS DISCOVERED THAT THE ENGINE CRADLE WAS COMPLETELY RUSTED. THE DEALER DIAGNOSED THAT THE ENGINE CRADLE NEEDED TO BE REPLACED DUE TO THE RUST. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 67,725.

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.

JAY
 FAX# 586-497 2112
 File #

MASTERS COLLISION # 2

Workfile ID:

Commitment To Quality
 2090 Hempstead Tpke, East Meadow, NY 11554
 Phone: (516) 542-0415
 FAX: (516) 794-5266

Final Bill

RO Number:

Customer:

Insurance:

Adjuster:

Estimator:

Dean Poupis

Phone:

Create Date:

12/16/2016

Claim:

Loss Date:

Deductible:

PLAINVIEW, NY

2005 CHRY Pacifica Touring AWD 4D UTV 6-3.5L Gasoline MPI BLACK

VIN: 2C4GF68405R

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

BLACK

Mileage Out:

State: NY

Production Date:

Condition:

Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT SUSPENSION						
2	E01	Remove/Replace	Engine cradle	1	1,570.00T	OEM	5.7T	Body	
3	E01	Remove/Replace	Wheel alignment align four wheels			OEM	1.7T	Body	
4	E01	Remove/Replace	BUSHINGS	4	235.80T	Other			
5	E01	Remove/Replace	INSERTS	4	22.00T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					1,827.80
Labor, Body			75.00	7.4	555.00
Subtotal					2,382.80
Sales Tax					205.52
Grand Total					2,588.32
Net Total					2,588.32

2,588.32 12/16/16

PAID

\$ 2200.00
 total 2300.00
 Paid in full
 12-30-16

Estimate Version	Total \$
Original	2,588.32

Insurance Total \$:	2,588.32
Received from Insurance \$:	0.00
Balance due from Insurance \$:	2,588.32

Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

12/16/2016 11:32:08 AM

