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 ☐
31-JAN-2017 MAY 16 2017	Reference No. 10948607

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City FRISCO	State TX	Zip Code	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
1C3CCCB3FN	CHRYSLER	200	2015

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
4/3/15	Car Max 972-943-7590			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City Plano	State TX	Zip Code 75093		

Transmission Type			Powertrain	Multiple Failure:	Incident Date(s)
9 speed	☑ Antilock Brakes	☑ Cruise Control			30-DEC-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), 063000 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM	Failure Mileage	Failure Speed
	24000	

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	0	0	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 2015 CHRYSLER 200. WHILE OPERATING THE VEHICLE, THE OCCUPANTS SUFFERED FROM CARBON DIOXIDE POISONING, WHICH CAUSED NAUSEA, FATIGUE, AND HEADACHES. THE VEHICLE WAS TAKEN TO THE DEALER ON MULTIPLE OCCASIONS BEFORE IT WAS DETERMINED THAT THE FAILURE WAS DUE TO A LOOSE FITTING EXHAUST FASTENER. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VIN WAS INVALID. THE FAILURE MILEAGE WAS 24,000.

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