



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
03-OCT-2018
FEB 05 2019

Repository ☐
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ELIZABETHTON State TN Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [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
1C3CCCDG6F [REDACTED] Make CHRYSLER Model 200 Model Year 2015
Date Purchased 12/5/17 Dealer's Name and Telephone Number Carl Gregory 423 282 3011 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner ☐ Dealer's City Johnson City State TN Zip Code 37601
Transmission Type 9sp Auto ☒ Antilock Brakes Powertrain Multiple Failure: YES Incident Date(s) 01-OCT-2018
☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL Failure Mileage 17000 Failure Speed Various

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
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 2015 CHRYSLER 200. WHILE DRIVING VARIOUS SPEEDS, THE VEHICLE ACCELERATED INDEPENDENTLY. THE CONTACT STATED THAT THE CRUISE CONTROL HAD NOT BEEN ENGAGED AT THE TIME. A LOCAL DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS NOTIFIED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE WAS INTERMITTENT. THE APPROXIMATE FAILURE MILEAGE WAS 17,000.

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 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.