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

Date Received	Repository
06-JAN-2003	
OFFICE DEFECTS INVESTIGATION	Reference No. 10002098

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City: WHITE HALL	State: AR	Zip Code: [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 01/23/03

VEHICLE INFORMATION

Vehicle Identification Number	Make	Model	Model Year
3C8FY68[redacted]	CHRYSLER	PT CRUISER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04/25/02	Cook Jeep Chrysler 501-374-4848			No. Cylinders 4	Unleaded
Original Owner ☒	Dealer's City: Little Rock	State: AR	Zip Code: 72202		

Transmission Type			Vehicle Component Code
Automatic	☐ Antilock Brakes ☒ Cruise Control	Powertrain	021600 SUSPENSION:FRONT:WHEEL BEARING Multiple Failure: yes

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
4/26/02 5/3/02 5/15/02	13 342 430	All speeds	alignment

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: DOTMA9ABC036)	☐ 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).

CONSUMER STATES WHILE DRIVING THE ALIGNMENT IS OFF CAUSING THE VEHICLE TO SWERVE. NOTIFIED THE DEALER 5 TIMES, DEALER SAID THE TIRE IS DEFECTIVE. CONTACTED THE TIRE MANUFACTURE, THEY SAID IT'S NOT THE TIRE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. PH

Currently pursuing arbitration prior to filing suit under state lemon law. I have obtained four (4) independent evaluations detailing faults of vehicle.

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