



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](http://www.nhtsa.dot.gov/hotline)

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Date Received

2003 APR 9 PM  
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Repository

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## OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City **KENNEDY SPACE CENTER** State **FL** Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

## VEHICLE INFORMATION

Make <b>PLYMOUTH</b>	Model <b>BREEZE</b>	Model Year <b>1999</b>
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders
Original Owner	Dealer's City	Fuel Type:
State	Zip Code	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code <b>116100 ELECTRICAL SYSTEM:IGNITION:SWITCH</b>
Multiple Failure: 1		

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage <b>15000 7,800</b>	Failure Speed
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## 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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police <b>N</b>
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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, its parts repaired or replaced (and if old part is available).

CONSUMER WAS ABLE TO REMOVE THE KEYS FROM THE IGNITION WHILE THE GEAR WAS IN DRIVE, WHICH RESULTED IN AN ACCIDENT, CONSUMER THOUGHT GEAR WAS IN PARK. \*JB

Driver walked away from parked vehicle, he removed the key and thought the transmission selector was in the park position. When he returned to the vehicle it had rolled into a water filled creek in front of the parking space. After the vehicle was towed out, the gear selector was in the drive position. Vehicle is considered a total loss since the vehicle submerged in brackish water. Chrysler was notified and sent an investigator - file # 01032430.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.