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 335

Date Received	Repository ☐
2003 SEP 12 AM 8:47 (07-AUG-2003)	Reference No. 10032422

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		
City PINOLE	State CA	Zip Code [redacted]	Evening Telephone Number [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 s[redacted] to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3C8FY68822T249836	CHRYSLER	PT CRUISER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
11-19-01	Michael Stead's Hilltop Chrysler			4	Regular Unleaded
Original Owner ☒	Dealer's City Richmond	State CA	Zip Code 94806		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☐ Antilock Brakes ☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
			Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	20900		

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: DOTMA19ABC036)	☐ 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 STATED VEHICLE LOST POWER, WHILE IN A BUSY INTERSECTION WHEN THE ACCELERATOR WAS PRESSED. CONSUMER WAS ALMOST REAR ENDED. NO WARNING. PLEASE PROVIDE ANY FURTHER INFORMATION. *PH

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