



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 231

Date Received
2003 09 22 PM 12:44
15-SEP-2003

Repository
Reference No.
10040058

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ALVISO State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 9/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3C4FY48B32T [Redacted]
Make CHRYSLER Model PT CRUISER Model Year 2002
Date Purchased 4/02 Dealer's Name and Telephone Number Cupertino Chrysler Diamante
Original Owner [Redacted] Dealer's City CA Zip Code [Redacted] Engine: No. Cylinders 4 Fuel Type:
Transmission Type Manual Automatic Antilock Brakes Cruise Control Powertrain Vehicle Component Code 222000 SEATS: MID/REAR ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 9/15/03 Failure Mileage 26K Failure Speed 40 CAR WAS PARKED

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: DOTM1SA5C036) 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 YES NO Fire YES NO
Number of Persons Injured 1 Number of Deaths 0 Reported to Police YES NO

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 WHILE CHILD WAS GETTING OUT OF VEHICLE ON PASSENGER'S REAR SIDE A METAL STICK EXPOSED OUT OF REAR SEAT MATERIAL INJURED CHILD'S ARM. *AK

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.