



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 100222

Date Received: 2005 MAY 16 - 6 AM '05  
16-FEB-2005  
Repository:   
Reference No.: 10111663

**OWNER INFORMATION (Type or Print)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: LAS VEGAS State: NV 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?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 6/1/05  
 YES  NO

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1C3EL76T13N  
Make: CHRYSLER Model: SEARING CONVERTIBL Model Year: 2003  
Date Purchased: \_\_\_\_\_ Dealer's Name and Telephone Number: \_\_\_\_\_  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Engine: No. Cylinders: \_\_\_\_\_ Fuel Type: Gas  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: UNKNOWN  
Vehicle Component Code: 1B2900 STRUCTURE:BODY:ROOF AND PILLARS  
Multiple Failure: 15

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

Incident Date(s): 03-FEB-2003  
Failure Mileage: 10  
Failure Speed: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R16): \_\_\_\_\_  
DOT No. (Example: DOTM1A9ABC086): \_\_\_\_\_  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: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ 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).

VEHICLE'S ROOF LEAKED, THE WINDOWS SHOOK, AND THE STEERING WHEEL RUBBED. THEN, THE WHEEL BEARINGS WENT OUT, THE DRIVER'S DOOR WAS LOOSE, AND GAS GAUGE BROKE. ALSO, SUSPENSION WAS DEFECTIVE. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**  
The Privacy Act of 1974-Public Law 93-578 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Roof leaks.  
Windows Shutter when opened/closed.  
Suspension DEFECTED.  
Steering rack Replaced.  
Gas Cap Broken  
Roof Panel Replaced (Both)  
Rear Windows Shake when opened/closed.  
Regulator Cable knotted  
Left 2 Regulator replaced  
Front Tires RUBBING / FRONT end has a clucking noise.  
Backing plate BENT.  
Check engine light stays on  
LAW TIRE Blow out - Wheel Bearings replaced.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

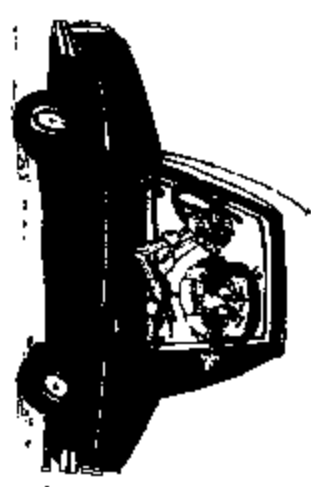


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73179 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-218  
400 7th Street, SW  
Washington, DC 20590



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**1-888-327-4236**

and dial toll free at

**DASH2DOT**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**



**VEHICLE OWNER'S**

THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).