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 100148

Date Received	Repository
2005 SEP 29 PM 1:03 (05-SEP-2005)	Reference No. 10135394

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City SAMMAMISH / State WA / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
3C8FY48B11 [redacted]	CHRYSLER	PT CRUISER	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUN-01	PUYALLUP			No. Cylinders 4	Gas
Original Owner [X]	Dealer's City PUYALLUP	State WA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] AntiLock Brakes [X] Cruise Control	FRONT WHEEL DRIVE	141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-SEP-2005	16500		CLOCKSPRING -

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: DOTMALSABC036)	[ ] 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 [X] No	[ ] Yes [X] 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).

DT: THE CONTACT OWNS A 2001 CHRYSLER PT CRUISER. HE INDICATED THAT THE AIR BAG LIGHT WAS ON AND THE HORN DID NOT WORK. HE NOTICED THIS ON 9-5-05 AS HE WAS BACKING OUT OF HIS DRIVEWAY, HE HEARD A CLICKING NOISE, AND THEN THE AIR BAG LIGHT CAME ON .HE HAD NOT TAKEN VEHICLE TO A DEALER YET. THERE WERE OTHER COMPLAINTS OF THE SAME EXACT PROBLEM FILED ON THE NHTSA WEBSITE. THE CONTACT INDICATED VEHICLE HAD NOT BEEN IN AN ACCIDENT OF ANY KIND. THERE WAS RECALL 04V480000 ON CERTAIN 1998 DODGE VEHICLES PERTAINING TO THE CLOCKSPRING THAT THE CONSUMER THOUGHT MAY RELATE TO HIS PROBLEM. *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 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)

THE CLOCKSPRING IS UNDER THE HORN CASE, IT PROVIDES POWER FOR HORN, CRUISE CONTROL, AIR BAG. BECOUSE OF THE AIR BAG, THIS ITEM SHOULD BE COVERED FOR A LONGER PERIOD OF TIME OR "POWER FOR THE AIR BAG SHOULD BE BY IT' SELF." DEALER WOULD NOT COVER PART OR LABOR.

[redacted]

AT [redacted] 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

SEATTLE WA 98
PM
ALWAYS
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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-216
400 7th Street, SW
Washington, DC 20590

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and dial toll free at

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(DASH) 2 DOT

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