



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

2005 SEP 29 AM 11:08
05-SEP-2005

Repository ☐

Reference No.
10135394

OWNER INFORMATION (Type or Print)

Name

Address

City SAMMANISH

State WA

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 answer, we will assume you do not authorize NHTSA to provide a copy of this report to the vehicle manufacturer.
Signature of Owner Date 9/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
3C8FY48B11

Make
CHRYSLER

Model
PT CRUISER

Model Year
2001

Date Purchased
01-JUN-01

Dealer's Name and Telephone Number
PUYALLUP

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
PUYALLUP

State
WA

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-SEP-2005

Failure Mileage
16500

Failure Speed

CLOCKSPRING -

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM15ABC036)

☐ 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).

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 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)

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



AT [Redacted] ADDRESS IN [Redacted] IS 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



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

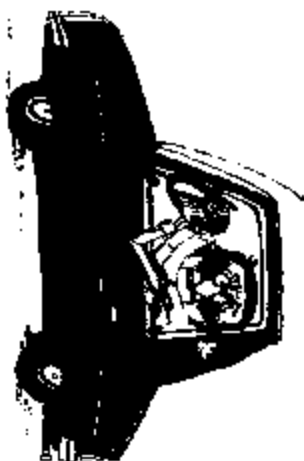
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and dial toll free at

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