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 NOV 16 PM 0: 17 21-OCT-2005	Reference No. 10140460

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: EAST JORDAN	State: MI	Zip Code:	Evening Telephone Number

Do you authorize NHTSA to provide a co... turer of your vehicle? ☒ YES ☒ NO
In the absence of an authorization, NHT... e or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3C8FY48B	CHRYSLER	PT CRUISER	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-DEC-01	CROWN MOTORS UNKNOWN			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City: CHARLEVOIX	State: MI	Zip Code: 49727		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	021530 SUSPENSION:FRONT:CONTROL ARM:LOWER ARM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-OCT-2005	53790		

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: DOTMALBABC036)	☐ 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), Fatality(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).

DT: THE CONTACT'S WIFE WAS DRIVING WHEN THE VEHICLE BEGAN TO PULL HARD TO THE LEFT. SHE DECIDED TO TAKE THE VEHICLE TO A GARAGE FOR INSPECTION. THIS HAPPENED WITHOUT ANY PREVIOUS INCIDENTS. THE MECHANIC DISCOVERED THAT BOTH LOWER CONTROL ARMS FAILED. THE MECHANIC SUGGESTED THAT SHE SHOULD NOT DRIVE THE VEHICLE UNTIL THIS WAS REPAIRED. THE MECHANIC NOTED THIS WAS A COMMON PROBLEM ON THESE VEHICLES. THE MECHANIC REPLACED BOTH THE LOWER CONTROL ARMS. SINCE THE REPLACEMENT THERE HAVE BEEN NO FURTHER PROBLEMS. *AK

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

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).