



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: 100169

Date Received

10-NOV-2005

Repository

Reference No.
10142324

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CAPE CORAL State: FL Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 11.19.05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3GBFY8B [REDACTED]
Make: CHRYSLER Model: PT CRUISER Model Year: 2002
Date Purchased: 1/17/02 Dealer's Name and Telephone Number: GALEANA (239) 481-2600
Original Owner: Dealer's City: FT. MYERS State: FL Zip Code: 33912
Engine: No. Cylinders: 4 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: FRONT WHEEL DRIVE
 Cruise Control Vehicle Component Code: 141000 AIR BAGS:FRONTAL
Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-APR-2003 Failure Message: 3001 Failure Speed: 40mph
Air Bags Blow causing Accident? current Repair Problems

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/R5R15): [REDACTED]
DOT No. (Example: DOT1MALBABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure(s), (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 CONTACT STATES THE DRIVERS AND PASSENGERS SIDE AIR BAG DEPLOYED WHILE DRIVING DOWN THE HIGHWAY. THERE WAS NO PRIOR WARNING. ALSO THE RIGHT FRONT BRAKE HAS A LOUD POPPING AND SQUEALING NOISE, THIS CAUSES THE STEERING WHEEL TO VIBRATE. THE RIGHT FRONT BRAKE HEATS UP; IT TURNS THE RIM RED HOT. HE CAN SMELL THE BRAKE DUST FROM THE RIGHT FRONT BRAKE. HE CONTACTED THE DEALER THEY HAVE REPEATEDLY REPLACED THE BRAKES, BRAKE PADS, DISC CALIPER, AND ROTORS. HE IS STILL HAVING THE SAME PROBLEM WITH THE VEHICLE.

current mileage 25185 k
mileage last repair 19579 k

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices

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 summarized summary thereof, may be used in support of the agency's action.

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

Impact at Air bag dep

Auto's Air bags deployed with NO IMPACT 4/23/03 causing property physical damage to me. The GALEANA Auto Body & Auto Repair to Allstate Ins Rep. Auto was a total loss. Under duress they repaired it 4-23-03 thru 5-30-03. The Auto is still not repaired correctly, and MAY NOT EVER BE. Every 4-6000 miles the Auto needs complete BRAKE & Alignment WORK. I have written to Daimler Chrysler, The FL. STATE US Attorney, The Lemon Law People in TALLAHASSEE, FL. ALL TO NO AVAIL. This Auto is a Death TRAP and I cannot AFFORD to replace it.

OVER 30,000.00 IN Repairs have been done on a 25000 CAR and A's of NOW BRAKES AND Alignment are needed again

11/19/05

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 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



safe/11

VEHICLE OWNER'S QUESTIONNAIRE



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

1. LAW ENFORCEMENT SHORT FORM REPORT
2. DRIVER REPORT OF TRAFFIC CRASH
3. DRIVER CHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

APRIL 23, 2003
Wed, 6:30pm.
in Ditch for 1 1/2 hrs before
found

Time & Location

04/23/03 08:05 9:07 6:21 03-03-08769-18 71007628

16 COL 5 FORT MYERS Lee
2 SUNSHINE BLVD

250 307 STREET SW

02 CHRY EV289G FL 03 295271

X X \$9,000 GENES

STATE 3412 9070

NO DRIVER

3605 37 ST SW LEH-3

FL 04 335-368-2685

Vehicle
Pedestrian

Vehicle
Pedestrian

Violators

INVENTORY AND VEHICLE STORAGE RECEIPT

AM
 PM FHP Case MS-03-06769-18

Other Dept _____ Date 04/23/2009 Time 4:43

Name of Owner _____ Phone _____
 Address of Owner _____ PL CAPE CORAL FL 33914

Name of Check if Same as _____ THOMAS HENRY / HEARLD Phone _____
 Address of Check if Same as _____ TA BARBARA L CAPE CORAL FL _____
 Year 2002 Make of Vehicle HRY Body Style HD Miles _____
 Color BLK Tag # _____ State FL VIN # SC8FY68E _____

Date Tagged on 04/23/2009 Time 12:00

AM
 PM By Name _____ I.D. # _____

Vehicle Inventory Towed _____
 Towing Service GENES TOWING

Address of Towing Company _____ Phone _____

Where Vehicle is Stored Check if Same As Towing Company

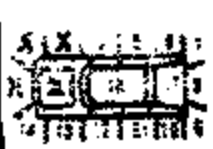
Owner Present Owner Request Retention

Reason Vehicle Towed Crash Abandonment Hear Arrest Seizure Other _____

Other Vehicle _____

Cell Phone: _____ Make / Model _____
 Wheel Covers / Tires _____
 Radar Detector _____ Model _____
 Custom Wheel Rims _____
 AM / FM Radio _____ No. of Tires (including spare) 5
 2 Way Radio _____ Trunk Accessible Yes No
 Tire Patch _____ Rear Spoiler _____

INDICATE VEHICLE DAMAGE



MARK AREA OF DAMAGE

18 Undercarriage

19 Overturn

20 Windows

21 Fire

22 Trailer

No Damage

List Property in Vehicle DOC. PAPERS, GLASSES, TRASH

H
O
L
D

NO HOLD - MAY BE RELEASED
 HOLD - NOT TO EXCEED 5 DAYS
 (Excluding Holidays and Weekends)

Note: Extended holds will be authorized by completed HSMV 002520 Form.

4-23-03
ORIGINAL ACCIDENT CAUSED BY AIR BAGS BLOWING FOR NO REASON ON STRAIGHT ROAD

Motor Vehicle Defect Notification

(Please print clearly in black ink, or type)

6-24-03
called that line (Lemon Law)
April Reyst will contact me

Pursuant to the Florida Lemon Law, notice is given to the manufacturer as follows:

- The vehicle has been out of service at least 15 days to repair one or more substantial defects.
- 3 or more repair attempts have been made to repair the same substantial defect or condition. This is notification of the final opportunity to correct the continuing substantial defect(s) or condition(s).

Description of continuing defect(s) or condition(s)

FRONT Wheel constant clicking, steering wheel DOES NOT LOCK WHEN CAR SHUT OFF. LEAKING FIREWALL WHEN RAINS, FRONTIER IS DRIPPING LOWER-LOWER WHEEL FRAME REPAIR AND WDS OUT OF GEAR WHILE MOVING

(NOTE: this is not a complete description; the manufacturer should ascertain all appropriate information.)

Vehicle Make CHRYSLER PT CRUISER Model PT CRUISER Year 2002

VIN 3C8R1F1G1R1B112 Date of Delivery 11/17/02

Name and City/State of selling dealer or leasing company (if applicable) GALEANA CHRYSLER
FT. MYERS, FL.

Name and City/State of authorized service agent(s) attempting previous repairs GALEANA CHRYSLER
14375 S. TAMiami TRAIL FT. MYERS, FL.

Consumer [REDACTED] Home phone [REDACTED]

Address [REDACTED] Work phone [REDACTED]

CAPE CORAL, FL. Signature [REDACTED]

Date Mailed 6-24-03

White—manufacturer's copy, send by registered (return receipt requested) or express mail. Yellow—consumer's copy, keep for your records. Pink—Attorney General's copy, send by regular mail. (1/05)

U.S. Postal Service...
CERTIFIED MAIL... RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 80.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 84.42



Sent to: *Office of the Attorney General*
 Street, Apt. No. or PO Box No.: *The CAPITOL*
 City, State, ZIP+4®: *TALLAHASSEE, FL 32399-1050*

MAIL ROOM

A. Signature Agent Agent

B. Restricted Delivery Date of Delivery PL-01 The Capitol

D. Is delivery address different from item 1? Yes No

2. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Office of the Attorney General
 LEON LAW ASSOCIATION
 THE CAPITOL
 TALLAHASSEE, FL 32399-1050*

2. Article Number (Transfer to 7003 1010 0000 7838 6617)

2. Article Number (Transfer to 7003 1010 0000 7838 6600)

PS Form 3811, August 2001

1. Article Addressed to:
*DRINKER CHRYSLER MOTORS
 CIMS 93-00-00
 P.O. BOX 21-8004
 AUBURN HILLS, MI 48321-8004*

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

U.S. Postal Service...
CERTIFIED MAIL... RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	* \$8.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 12.42



Sent to: *DRINKER CHRYSLER MOTORS COMP LLC*
 Street, Apt. No. or PO Box No.: *OM 5431-00-00 P.O. BOX 21-8004*
 City, State, ZIP+4®: *AUBURN HILLS, MI 48321-8004*

7003 1010 0000 7838 6600

DAIMLERCHRYSLER

DaimlerChrysler
Motors Company LLC

May 8, 2003

[REDACTED]
Cape Coral, FL [REDACTED]

Reference No.: 11212828

V.I.N.: 3C8FY6 [REDACTED]

Dear [REDACTED]

This is in regards to the inspection that was performed on your vehicle on May 7, 2003, by a representative from Engineering Analysis Associates.

Mr. Heard, naturally, we were sorry to learn of the incident described to us during the initial contact. However, we have had the opportunity to review the inspection report, and must inform you that we have been unable to determine any manufacturing responsibility. Our inspection revealed that the threshold for air bag deployment was met and that proper air bag deployment did occur. Therefore, we must, respectfully decline any assistance associated with this incident.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity in reviewing this matter with you.

Sincerely, [REDACTED]

A. L. [REDACTED]
Special Investigations
[REDACTED]

ALG/lis

**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).**

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.