



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 07-AUG-2006
Repository
Reference No. 10164829

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ALEXANDER CITY State AL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature of owner, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/25/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3C4FY48B15T [REDACTED]
Make CHRYSLER Model PT CRUISER Model Year 2005
Date Purchased 28-MAY-05 Dealer's Name and Telephone Number Victory Chrysler 334-365-3304 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City PRATVILLE State AL Zip Code [REDACTED]
Transmission Type Antilock Brakes Powertrain UNKNOWN Vehicle Component Code 180000 VEHICLE SPEED CONTROL
MANUAL Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-JUL-2006 Failure Mileage 33000 Failure Speed 10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTMAL9ABC036) 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(ies).)

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(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 STATED WHILE DRIVING 10MPH THROUGH A PARKING LOT, UPON STOPPING WITH BRAKE PRESSURE APPLIED, THE VEHICLE LURCHED FORWARD INTO A CONCRETE PILLAR AND THE FRONT AIRBAGS DID NOT DEPLOY. THE CONTACT WAS WEARING A SEATBELT AND SUSTAINED MINOR INJURIES. MODERATE DAMAGE WAS SUSTAINED TO THE FRONT OF THE VEHICLE. THE POLICE WERE ON THE SCENE AND A REPORT WAS TAKEN. THE VEHICLE WAS TOWED TO A DEALER WHO WAS UNABLE TO DETERMINE ANY TYPE OF FAILURE OR DEFECT. THE MANUFACTURER WAS ALERTED.

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)

I [redacted] was driving up 280 North on July 24, 2006. I made a left turn to go up the Tool King Drive store. I went to the store and made a left turn to go out so that I could go back down to the highway. That day I did not make a left turn to go back down to the highway because when I got to the drink bay, I stop to see if any cars was coming, put my foot on the clutch and brake, turn the steering wheel with foot on the clutch and brake, the car made a sound and made a whoop sound and it automatically made a left turn on its own and the car drove off on its own and hit a concrete pole. I got out and at the store called the police and gave a report. I later went to hospital for treatment by parents. My car was take to Bice Chrysler by wrecker.

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-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?



If so:

See the instructions on the back of this report

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

POLICE DEPARTMENT, ALEXANDER CITY, ALABAMA
ACCIDENT REPORT INFORMATION

Date 7/24/06 Time 10:30 Day Mon
Location Winn-Dixie parking lot
Driver # (1) [REDACTED]
Address [REDACTED] Alex City AL
DOB 1-1-63 SSN [REDACTED] Phone [REDACTED]
Dri. Lic. [REDACTED] State [REDACTED] Restr. [REDACTED] Sta [REDACTED]
Sex F Rac B Seating Driver
Vehicle Owner Same (101 MPH) Seat belt yes
Address [REDACTED] ABND
Veh Year 2005 Make CHRY Model PT Cru Body 4D
Tag [REDACTED] State AL Year 06
VIN# 3C4FY48B15T [REDACTED]
Areas Damaged Left Front Bumpers + quarter panel

Place of Employ Montgomery Regional Mental Health
Liability Ins. Co. Chrysler INC.

The driver of every motor vehicle which is in any manner involved in an accident within this state which accident has resulted in the damage to the property of any one person in excess of \$250.00, or in bodily injury in death of any person irrespective of amount of property damage, must file a report, form SR-13, with the driver license division, motor vehicle safety responsibility unit, within ten (10) days from the date of accident. Failure to file a report within ten (10) days as required by the statute will result in suspension of driver license until a proper report is filed and may be for an additional thirty (30) days after receipt of report. In addition you are subject to arrest and criminal prosecution for failing to file a proper report.

Investigating Officer Tammy Lovett 219
Driver # () [REDACTED]
Address Cement (Barrier)
DOB [REDACTED] SSN [REDACTED] Phone [REDACTED]
Dri. Lic. [REDACTED] State [REDACTED] Restr. [REDACTED] Sta [REDACTED]
Sex [REDACTED] Rac [REDACTED] Seating [REDACTED]
Vehicle Owner [REDACTED]
Address [REDACTED]
Veh Year [REDACTED] Make [REDACTED] Model [REDACTED] Body [REDACTED]
Tag [REDACTED] State [REDACTED] Year [REDACTED]
VIN # [REDACTED]
Areas Damaged [REDACTED]
Place of Employ [REDACTED]
Liability Ins. Co. [REDACTED]







