



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

2006 NOV 30 AM 8:40  
 26-OCT-2006

Reference No.  
 10171872

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City CRYSTAL LAKE State IL 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
 3C8FY68B02T [REDACTED]

Make CHRYSLER Model PT CRUISER Model Year 2002

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number *Bill Kay Chrysler Plymouth*  
 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City *Downers Grove* State *IL* Zip Code \_\_\_\_\_

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
 Vehicle Component Code 114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH  
 Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 19-OCT-2006 Failure Mileage 66130 Failure Speed 40

**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: DOTM19ABC036)  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 STATED WHILE DRIVING 40 MPH, ALL THE WARNING LIGHTS AROUND THE SPEEDOMETER ILLUMINATED INTERMITTENTLY. EACH TIME THE WARNING LIGHTS ILLUMINATED, THE HEADLIGHTS DIMMED. THE FOURTH TIME THE PROBLEM OCCURRED, THE ILLUMINATION WAS FOLLOWED BY THE ENTIRE INSTRUMENT PANEL FAILING. THE VEHICLE WAS TAKEN TO A PRIVATE REPAIR SHOP, WHO DETERMINED THAT THE INSTRUMENT CLUSTER HAD BECOME COMPLETELY INOPERATIVE. THERE WAS A NHTSA RECALL # 01V288000, PERTAINING TO THE UNDER DASH WIRING. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

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.