



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
2007 JUL -6 PM 12:48
29-MAY-2007

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City JAMUL State CA 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 authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 06/25/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3C4FY48B04T [REDACTED] Make CHRYSLER Model PT CRUISER Model Year 2004
Date Purchased 28-MAR-04 Dealer's Name and Telephone Number
Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Powertrain
MANUAL Cruise Control FRONT WHEEL DRIVE
Vehicle Component Code
152001 SEAT BELTS:REAR:BUCKLE ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-MAY-2007 Failure Mileage 27000 Failure Speed CENTER REAR SEAT BELT

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

TL*THE CONTACT OWNS A 2004 CHRYSLER PT CRUISER. THE CONTACT STATED THAT THE REAR PASSENGERS SIDE SEAT BELT LOCKED WHEN THE REAR SEAT WAS LAID DOWN. HE WAS UNABLE TO RETURN THE SEAT TO THE UPRIGHT POSITION. THE DEALER HAS NOT INSPECTED THE VEHICLE. THE CURRENT AND FAILURE MILEAGES WERE 27,000.

THE CENTER SEAT BELT STRAP (REAR) LOCKED WHEN SEAT WAS LAID DOWN. I HAD TO CUT THE STRAP TO ALLOW PASSENGERS TO RIDE IN SEAT. WHEN I LOOKED INTO SEAT I COULD SEE A THIN BROKEN PIECE OF PLASTIC. I CALLED THE DEALER IN LAMESA CA. AND HE KNEW WHAT I WAS TALKING ABOUT AS THEY HAD JUST FIXED ONE, THEY WONT FIX MINE AS I'M OVER

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 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.

