



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

JAN 15 AM 7:13  
31-OCT-2007

Repository

Reference No.  
10207510

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
 Address: [REDACTED]  
 City: RICHMOND State: VA 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, I will NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner: [REDACTED] Date: 1/7/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3C3EY55EX5T [REDACTED]  
 Make: CHRYSLER Model: PT CRUISER Model Year: 2005  
 Date Purchased: 05-SEP-07 Dealer's Name and Telephone Number: PRIVATE OWNER  
 Engine: No: Cylinders 4 Fuel Type: Gas  
 Original Owner:  Dealer's City: State: Zip Code:  
 Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
 Powertrain: FRONT WHEEL DRIVE  
 Vehicle Component Code: 110000 ELECTRICAL SYSTEM  
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 27-OCT-2007 Failure Mileage: 8000 Failure Speed: 0

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: DOTM9ABC036):  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: 0 Number of Deaths: 0 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).

TL\*THE CONTACT OWNS A 2005 CHRYSLER PT CRUISER. THE KEYLESS ENTRY AND ACTUAL KEY WOULD NOT UNLOCK THE VEHICLE. THE CONTACT HAD TO CLIMB THROUGH THE WINDOW TO ENTER THE VEHICLE. ONCE IN THE PASSENGER COMPARTMENT, THE DOORS WOULD NOT OPEN WITH THE HANDLE OR THE DOOR LATCH. THE VEHICLE IS PRESENTLY AT THE DEALER AND THEY STATED THAT THEY WILL REPLACE THE REMOTE RECEIVER AND THE CYLINOIDS IN BOTH DOORS. THE CURRENT AND FAILURE MILEAGES WERE 8,000.

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.