U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2008 JUL 21 PM 2:04

1-888-DASH-2-DOT
(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
14-JUL-2008	Reference No. 10234277

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City GRAY	State TN	Zip Code [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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3C8FY4B81T[redacted]	CHRYSLER	PT CRUISER	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
6-21-08				4	Gas
Original Owner ☐	Dealer's City Maryland	State MD	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	Aut 2WD	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JUN-2008	134000	0	Engine dies when shifting, coming off Interstate engine dies, causes power steering to stop - ie loss of control / Due to timing belt breakdown

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE design flaw -

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2001 CHRYSLER PT CRUISER. WHENEVER THE CONTACT APPROACHES A STOP OR BEGINS TO DECELERATE, THE VEHICLE SHUTS OFF COMPLETELY. PRIOR TO THE FAILURE, HE NOTICED THAT THE VEHICLE IDLED ROUGHLY WHILE AT A STOP. THE CONTACT TOOK THE VEHICLE TO THE DEALER AND WAS INFORMED THAT THE TIMING BELT TENSIONER WAS MANUFACTURED INCORRECTLY. THE VEHICLE IS CURRENTLY BEING DIAGNOSED BY THE DEALER. THE CURRENT AND FAILURE MILEAGES WERE 134,000.

Diagnosed. timing belt slipped causing rough idle etc - Timing belt tensioner not working properly - called dealership was told timing belt tensioner was manufactured incorrectly.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Coming off interstate engine dies on offramp causing loss of controll of steering due to power steering loss. Nearly causing serious accident -
When we found the cause and called dealer we were told the timing belt tensioner was manufactured incorrectly & need to be replaced with new tensioner with new cover redesigned but no recall

ATTACH ADDITIONAL SHEETS IF NECESSARY

JOHNSON CITY TN 376
22 JUL 2008 PM

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

U.S. Department of Transportation

National Highway Traffic Safety Administration

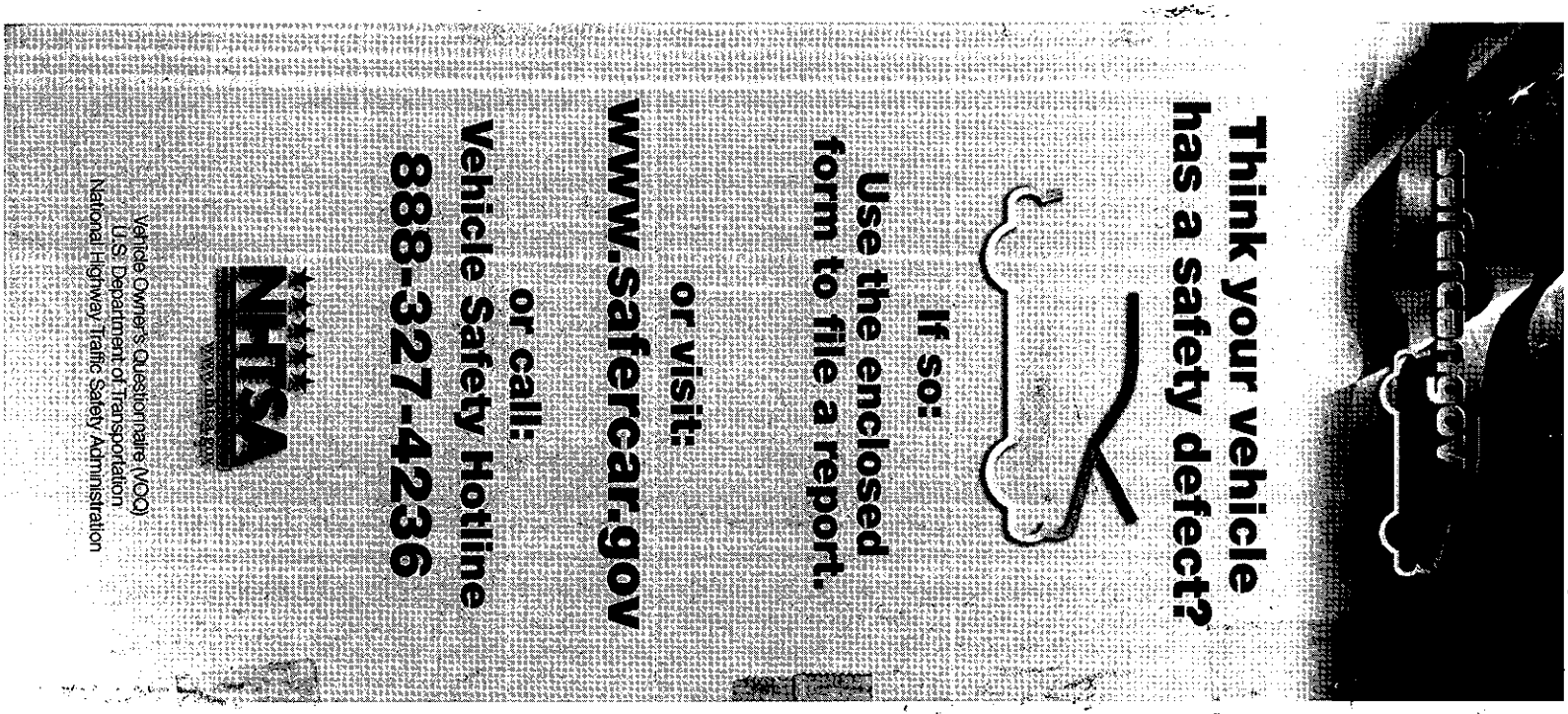
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382



Blevins AUTO CARE

P.O. Box 5609
Kingsport, TN 37663
(423) 239-1794

WO # 3911

Name [redacted]		Phone [redacted]	Date 7/16/2008
Street [redacted]		City Gray, TN [redacted]	
Year 2001	Color	Make Chrysler	Model PT Cruiser
Tag #	VIN #	Odometer 134664	

Replace	Repair	Description	Parts	Labor
		Checked timing was off		$ 192.50
		Adj. timing belt		
		Timing belt Tensioner Damaged		
		Locked timing belt tensioner down		
		Chrysler has redesigned Timing belt tensioner		
		Paid		
		TOTALS	$ -	$ 192.50

I authorize the repair work described herein, which includes both labor and materials, and agree to release and hold harmless Blevins Auto Care and all related entities and/or persons, for loss or damage to the herein described vehicle(s) and any personal property located within due to events of nature, fire, and the intentional and/or negligent acts of third parties. I further agree to release and hold harmless Blevins Auto Care for any unavailability of parts or labor and delays in the transport of any parts or materials reasonably necessary to perform the herein described repair work. I hereby authorize Blevins Auto Care to operate the vehicle(s) herein described anywhere deemed reasonable for the testing and/or inspection of the vehicle(s) and/or repair work performed. I hereby acknowledge and grant to Blevins Auto Care a garagekeeper's lien to encumber the herein described vehicle(s) for the full extent of the charges due and further acknowledge that the vehicle(s) herein described will not be released until all charges are paid in full. I agree to pay all attorneys' fees and costs incurred in the collection of any charge related hereto.

Total Parts	$ -
Total Labor	$ 192.50
Subtotal	$ 192.50
Tax	
Total	**$ 192.50**

I acknowledge that all warranties, expressed and implied are hereby disclaimed and disavowed, including but not limited to implied warranties of merchantability, fitness for a particular purpose or suitability, except for warranties given in writing, if any, in which case the remedies for breach are exclusively costs of repair or replacement and shall not include in any event consequential damages of any nature. All disputes in any way related to the repair work herein described shall be resolved in the courts of Sullivan County, Tennessee in Kingsport to the exclusion of all others and shall be governed by the laws of tennessee.

AUTH[redacted]eby authorized to make the above repair(s).

Signed

7/16/08
Date

Blevins AUTO CARE

P.O. Box 5609
Kingsport, TN 37663
(423) 239-1794

WO # 3850

Name [redacted]		Phone [redacted]	Date 6/24/2008
Street [redacted]		City Gray, TN [redacted]	
Year 2001	Color	Make Chry.	Model P.T.Crusier
Tag #		VIN #	Odometer 134272

Replace	Repair	Description	Parts	Labor
		Check hard brake padell		$ 27.50
		Vaccum Line off brake booster		
		Reinstalled vaccum line		
		Check engine light on		
		Had O/2 code may be due to vaccum line being off		
		Reset Pcm		
		Still has an idel problem driving may improve		
		TOTALS	$ -	$ 27.50

Total Parts	$ -
Total Labor	$ 27.50
Subtotal	$ 27.50
Tax	$ 2.54
Total	**$ 30.04**

I authorize the repair work described herein, which includes both labor and materials, and agree to release and hold harmless Blevins Auto Care and all related entities and/or persons, for loss or damage to the herein described vehicle(s) and any personal property located within due to events of nature, fire, and the intentional and/or negligent acts of third parties. I further agree to release and hold harmless Blevins Auto Care for any unavailability of parts or labor and delays in the transport of any parts or materials reasonably necessary to perform the herein described repair work. I hereby authorize Blevins Auto Care to operate the vehicle(s) herein described anywhere deemed reasonable for the testing and/or inspection of the vehicle(s) and/or repair work performed. I hereby acknowledge and grant to Blevins Auto Care a garagekeeper's lien to encumber the herein described vehicle(s) for the full extent of the charges due and further acknowledge that the vehicle(s) herein described will not be released until all charges are paid in full. I agree to pay all attorneys' fees and costs incurred in the collection of any charge related hereto.

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[redacted] y authorized to make the above repair(s).

Signed

6/24/08
Date