 <p>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</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received 06-NOV-2008</p>	<p>Repository <input type="checkbox"/> Reference No. 10247888</p>
<p>OWNER INFORMATION (Type or Print)</p>			
<p>Name _____</p>		<p>Daytime Telephone Number _____</p>	
<p>Address _____</p>		<p>E-mail Address _____</p>	
<p>City PITTSFORD</p>	<p>State NY</p>	<p>Zip Code _____</p>	
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>			
<p>Signature of Owner _____</p>		<p>Date ____/____/____</p>	
<p>VEHICLE INFORMATION</p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3C8FY68B12T_____</p>		<p>Make CHRYSLER</p>	<p>Model PT CRUISER</p>
<p>Model Year 2002</p>		<p>Engine: No: Cylinders 4</p>	
<p>Date Purchased 12/2002</p>	<p>Dealer's Name and Telephone Number BARRY DODGE 585637 2120</p>		<p>Fuel Type: GAS</p>
<p>Original Owner <input checked="" type="checkbox"/></p>	<p>Dealer's City BROOKPORT</p>	<p>State NY</p>	<p>Zip Code _____</p>
<p>Transmission Type AUTO</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain _____</p>	<p>Multiple Failure: _____ Incident Date(s) 01-NOV-2004</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Vehicle Component Code: 110000 ELECTRICAL SYSTEM</p>		<p>Failure Mileage 45000</p>	<p>Failure Speed 0</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>			
<p>Tire Make _____</p>	<p>Tire Model (Name or Number) _____</p>	<p>Tire Size (Example P215/65R15) _____</p>	
<p>DOT No. (Example: DOTM9ABC036) _____</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location: _____</p>	
<p>Tire Component Code _____</p>		<p>Tire Failure Type _____</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>			
<p>Make: _____</p>	<p>Date Manufactured: _____</p>	<p>Model No./Name: _____</p>	
<p>Seat Type: _____</p>		<p>Installation System: _____</p>	
<p>Child Seat Component Code: _____</p>		<p>Failed Part: _____</p>	
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>			
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Deaths 0</p>
<p>Reported to Police N</p>			
<p>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).</p>			
<p>TL*THE CONTACT OWNS A 2002 CHRYSLER PT CRUISER. WHEN THE TURN SIGNALS WERE ACTIVATED, THE FOG LIGHTS CAUSED A FIRE IN THE WIRING PANEL OF THE VEHICLE. THE CONTACT WROTE A LETTER TO THE MANUFACTURER, BUT THEY STATED THAT NOTHING COULD BE DONE. THE CURRENT MILEAGE WAS 86,663 AND FAILURE MILEAGE WAS 45,000.</p> <p>WHEN THE TURN SIGNAL WAS USED THE FOG LIGHT AUTOMATICALLY ACTIVATED AND WOULD NOT GO OFF FOR SOME TIME. EVENTUALLY THE FOG LIGHTS WOULD NO LONGER WORK.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>			
<p>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.</p>			

OVER

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

MALFUNCTION OF SWITCH WAS REPORTED TO MARKETPLACE CHRYSLER RECHETER, NY WHO TOLD ME TO WRITE TO CHRYSLER. I DID THIS ALONG WITH REPORTING MY THIRD REPLACEMENT OF MY 4 GANG DASH AUTO WINDOW SWITCH & CHRYSLER WROTE BACK WITH A KIND BUT "NO ACTION TO BE MADE ON THEIR PART" LETTER (COPY NOT AVAILABLE)

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

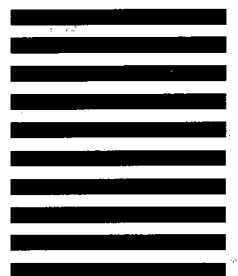
National Highway Traffic Safety Administration

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

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National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a 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