INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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 ☐
OCT 17 2013 23-AUG-2013	Reference No. 10536915

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City KINCHELOE	State MI	Zip Code [redacted]	Evening Telephone Number SAME

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3A4GY5F9XAT[redacted]	CHRYSLER	PT CRUISER	2010

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
JUN-13	O'CONNORS			No: Cylinders 4	REG.
Original Owner ☐	Dealer's City PICKFORD MI	State	Zip Code		

Transmission Type	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
		AUTOMATIC		18-JUN-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 220000 SEATS, 110000 ELECTRICAL SYSTEM	Failure Mileage	Failure Speed
	5000	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: 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 2010 CHRYSLER PT CRUISER. THE CONTACT STATED THE SEAT CONTROL BECAME FRACTURED, CAUSING THE DRIVER'S SEAT TO MOVE AROUND INDEPENDENTLY WHILE THE CONTACT WAS DRIVING. THE CONTACT TOOK THE VEHICLE TO A DEALER, WHO ORDERED AND REPLACED THE CONTROL PANEL. THE CONTACT WAS CONCERNED THAT THE NEW CONTROL PANEL WOULD NOT REMEDY THE ISSUE DUE TO THE WAY THE CONTROL PANEL WAS DESIGNED. THE FAILURE MILEAGE WAS 5,000.

IT CAUSED THE SEAT TO GO UP AND WOULD NOT GO DOWN WHILE I WAS DRIVING. THE WAY YOU GET IN & OUT PUTS PRESSURE ON THE CONTROL CAUSING THE BRACKETS TO BREAK-FIXED FOR NOW HOPE IT HOLDS

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