

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 15-JUL-2015 NOV 06 2015		Repository ☐ Reference No. 10734310
		OWNER INFORMATION (Type or Print) Name Address City GREENWOOD State DE Zip Code		Daytime Telephone Number Evening Telephone Number E-mail Address		
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 3C8FY68B92T						
Date Purchased 12/2001		Dealer's Name and Telephone Number NEWARK CHRYSLER TRUCK 870-653-0535		Model PT CRUISER		Model Year 2002
Original Owner ☒ YES		Dealer's City NEWARK		State DE	Zip Code 19704	Engine: No. Cylinders 4
Transmission Type AUTO		☒ Anti-lock Brakes ☒ Cruise Control		Powertrain		Multiple Failure: Incident Date(s) 24-JUN-2014
FAILED COMPONENT(S)/PART(S) INFORMATION Vehicle Component Codes: 020000 SUSPENSION, ENGINE (PWS)						
					Failure Mileage 107000	Failure Speed
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 ☐ 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).						
SUBFRAME CRADLE FAILURE WITH CRACK THROUGH MOUNTING. DEALER SAYS "SEEN BEFORE" NOT UNDER RECALL OR INVESTIGATION. REPAIR SHOP "HAS SEEN SEVERAL WITH SIMILAR FAILURE" SOME HAVE RESULTED IN SUSPENSION FAILURE AND ACCIDENTS. WHY IS THIS NOT THE SUBJECT OF A RECALL? NO ONE KILLED YET? REPAIR TO COST \$1,400.00.						
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.						