

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department of Transportation
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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 19-APR-2016	Repository <input type="checkbox"/>
	Reference No. 10860283

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City CLERMONT	State FL	Zip Code	[REDACTED]
Daytime Telephone Number	[REDACTED]		
Evening Telephone Number SAME	[REDACTED]		

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 3C3AV75S15T [REDACTED]	Make CHRYSLER	Model PT CRUISER CONVERT	Model Year 2005
Date Purchased 12/03/2014	Dealer's Name and Telephone Number TIM LAVEY AUTOMOBILE INC 407-854-3333	Engine: No: Cylinders 4	Fuel Type: UNLEADED
Original Owner <input type="checkbox"/>	Dealer's City ORLANDO	State FL	Zip Code 32839
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ?	Multiple Failure: NO
		Incident Date(s) 16-FEB-2016	

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 41000	Failure Speed 50

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	Number of Deaths	Reported to Police Y

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 OWNED A 2005 CHRYSLER PT CRUISER CONVERTIBLE. WHILE DRIVING AT VARIOUS SPEEDS, THE CONTACT'S VEHICLE WAS REAR ENDED BY A COMMERCIAL VEHICLE. AS A RESULT, THE CONTACT LOST CONTROL OF THE VEHICLE. THE VEHICLE DID A NOSE DIVE AND FLIPPED SEVERAL TIMES BEFORE COMING TO A STOP. SOME OF THE VEHICLE'S OCCUPANTS WERE EJECTED AND OTHERS WERE STUCK IN THE VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT AND TWO OTHER OCCUPANTS SUSTAINED INJURIES THAT REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHERE IT WAS DEEMED DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 41,000. THE VIN WAS NOT AVAILABLE.

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 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.

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

THE CAR DID NOT DO A NOSE DIVE BUT FLIPPED SIDEWAYS AFTER BEING REAR ENDED BY A COMMERCIAL VEHICLE. [REDACTED] DID NOT OWN THE VEHICLE I AM ENCLOSED A COPY OF THE REGISTRATION SHOWING OWNERSHIP, THE CAR HAD NO MECHANICAL PROBLEMS AND NO INDICATOR LIGHTS SHOWING ANY KIND OF FAILURE OR POSSIBLE PROBLEM WITH THE VEHICLE. THE CAR FLIPPED 3 TIMES ON THE SIDE OF THE ROAD AND THE DRIVER PLUS THE OTHER FRONT SEAT PASSENGER WERE BOTH EJECTED AND THE THIRD OCCUPANT WAS TRAPPED IN THE BACKSEAT, NO AIRBAGS DEPLOYED
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

Official Business
Penalty for Private Use \$300

ORLANDO
FL 328
03 JUN '16
PM 4 L



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



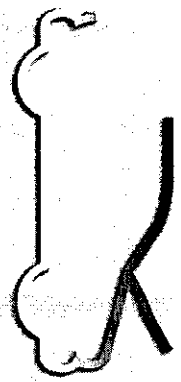
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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



7	1	JLM	4072
AUDIT #			



L#
T#
B#
S#

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC		
[REDACTED]	3C3AY75S15[REDACTED]	2005	CHRY	2D	SIL	3379			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
12 30 14	OUT	PRIVATE							

Applicant/Owner's Name & Address

CLERMONT, FL [REDACTED]

BIRTHDATE SEX MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
F [REDACTED]	X	9
1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #	
[REDACTED]	[REDACTED]	

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	83.50	0.00	88.25

Action Requested: ORIG USED TITLE

Brands:

PREV STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
VA	12/03/2014		XX	34,300 MILES 12/03/2014 ACTUAL	<input type="checkbox"/>

LIEN INFORMATION

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER
TIM LAVY AUTOMOBILES INC

ADDRESS
5652 COMMERCE DR
ORLANDO, FL 32839

DEALER LICENSE NO.
VII0140801

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE PURCHASER HOLDS VALID
IS EXEMPT FROM EXEMPTION CERTIFICATE
FLORIDA SALES OR VEHICLE / VESSEL WILL BE
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL
REASON(S) CHECKED OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$
INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00

SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.
I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/08

SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

Tim Lavey Automobiles Inc.

ENTER ORDER FOR

STOCK NO.

DEAL NO.

5652 COMMERCE DRIVE • ORLANDO, FL 32839
(407) 854-3333 • Fax: (407) 854-0358

Date 12-3-14

CUSTOMER INFORMATION

BUYER'S BIRTHDATE		BUYER'S DRIVER'S LIC.		CO-BUYER'S BIRTHDATE	CO-BUYER'S DRIVER'S LIC.
STREET		CITY		STATE	ZIP
BUYER'S BIRTHDATE		BUYER'S DRIVER'S LIC.		CO-BUYER'S BIRTHDATE	CO-BUYER'S DRIVER'S LIC.

ORDER INFORMATION	YEAR	MAKE	MODEL	BODY TYPE	CYL	COLOR	MILEAGE	SERIAL NUMBER
	2005	Pt. Cruz	GT	CONV	4	SILVER	24300	3C3AY753157

Total Selling Price		8900	
USED CAR ALLOWANCE or DISCOUNT			
Cash Difference			
Dealer Prep			65 00
Administration Fee			35 00
Taxable Amount			
Sales Tax		590	
SUB TOTAL			
Tag, Title & Mailing		153	
Plus U/Car Balance Owed			
BALANCE DUE		9743	

TRADE-IN INFORMATION

Balance on Trade-In owed to: _____ Approx. _____

Name _____

Address _____

Good until _____ Person Talked To _____

Acct # _____ Date _____

Dealer is hereby authorized to make changes in figures as necessary in final billing reflected by difference in payoff of balance due or trade-in from amount noted above.

DESCRIPTION OF TRADE-IN

Veh. I.D.# _____

YEAR	MAKE	MODEL	COLOR	BODY TYPE

MILEAGE ON TRADE-IN _____

I WARRANTY A FREE AND CLEAR TITLE TO DEALER, UNLESS OTHERWISE STATED. IF I CANNOT FURNISH A TITLE, THERE WILL BE A \$30.00 CHARGE TO OBTAIN ONE.

Signature _____

This contract is not assignable and not cancellable and all terms and conditions of the sale are contained on this agreement and no other verbal understanding or promises whatsoever are a part of this agreement. The warranty on this unit(s) covered by this contract is as specified above only. The customer certifies that he is 18 years or over and warrants that he is the true and lawful owner of the car traded in and that it is free from all encumbrances whatsoever except as noted above. The undersigned purchaser acknowledges receipt of a copy of this order executed herewith.

X _____ 12/03/14
Buyer's Signature Date

Co-Buyer's Signature Date

SALESMAN'S NAME _____

★★ NOTE ★★
ALL USED CARS ARE
— SOLD AS IS —
WITH ALL FAULTS
UNLESS OTHERWISE STATED.