



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 252

Date Received

28-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003025

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield and door frame)		Vehicle Make CHRYSLER TRUC	Vehicle Model PT CRUISER	Vehicle Year 2001	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03270000	Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 03-JAN-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 18058		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKES ARE WARPED. PEDAL GOES ALL THE WAY DOWN TO THE FLOOR. DEALERSHIP IS AWARE OF PROBLEM.*AK

COPIES OF THIS FORM ARE:

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received: <u>23 JAN 2002</u> DEFECTS INVESTIGATION Office: _____ Reference No.: <u>8003025</u>	
OWNER INFORMATION (Type or Print) [Redacted]				Work Number: _____ Home Number: _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, address to the vehicle manufacturer.				☒ YES ☐ NO Date: <u>3/25/2002</u>	
Signature of Owner: [Redacted]					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) [Redacted] (Indicate location of windshield or front fender)		Vehicle Make: <u>CHRYSLER TRUC</u>		Vehicle Model: <u>PT CRUISER</u>	
Purchase Date: <u>10/2000</u>		Dealer's Name: <u>Straub Chrysler Plymouth</u>		Vehicle Year: <u>2001</u>	
☐ New ☒ Used		City: <u>Bethlehem</u> State: <u>PA</u> Zip Code: <u>18017</u>		Current Odometer Reading: <u>70,246</u>	
Transmission Type: ☐ Manual ☒ Automatic		Antilock Brakes: ☐ Yes ☒ No		Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☐ Diverside Airbag ☐ 2-Point Belt ☒ Passenger-side Airbag	
Cruise Control: ☒ Yes ☐ No		Drive Type: ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type: ☒ Car ☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ Other	
Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck		FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: <u>03270000</u>		Part Name(s): <u>BRAKES:HYDRAULIC SHOE:DISC BRAKE SYSTEM</u>		Location: ☒ Left Front ☐ Right Front ☐ Left Rear ☐ Right Rear	
No. of Failures: _____		Date(s) of Failure(s): <u>03-JAN-2002</u> Mileage at Failure(s): <u>18058</u> Vehicle Speed at Failure(s): _____		Failed Part(s): _____ NHTSA Previous'y: ☐ Yes ☐ No	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash: ☐ Yes ☒ No		Fire: ☐ Yes ☒ No		Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					

BRAKES ARE WARPED. PEDAL GOES ALL THE WAY DOWN TO THE FLOOR. DEALERSHIP IS AWARE OF PROBLEM.*AK

Only driven 200 miles since brakes changed and new brakes already squeek and grind. Anyone riding in my car asks if my brakes need service!! I'm very disappointed.

DO NOT TAKE BACK IF NULLIFIED

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