



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 231

Date Received

22-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010311

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) <small>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3C85Y4BBX17646173	CHRYSLER	PT CRUISER	2002			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, DRIVER'S AIR BAG DID NOT DEPLOY, CAUSING INJURY TO DRIVER. DEALER HAS INSPECTED VEHICLE. PLEASE PROVIDE FURTHER INFORMATION.*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.

JUN 10 2002

COPIED

Form Approved: O.M.B. No. 2127-9008



US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-888-424-9393
DC METRO AREA 202-366-0133

OWNER INFORMATION (TYPE OR PRINT)

NAME AND ADDRESS
KENNESAW, GA

JUN 10 2002

FOR AGENCY USE ONLY

DATE RECEIVED

06/10/02 11:00

ad. dr. _____
n. dt. _____
ad. n. _____
up. hr. _____

OFFICE OF DEFECTS INVESTIGATION

REFERENCE NO.

8010311

DAY TIME TELEPHONE NO. (AREA CODE)

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

SIGNATURE OF OWNER

DATE 5/24/02

VEHICLE IDENTIFICATION NO. 3CBFY4B8X1T646173
VEHICLE MAKE CHRYSLER
VEHICLE MODEL PT CRUISER
MODEL YEAR 2001

LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE
CURRENT ODOMETER READING 17800
DATE PURCHASED 4/01
DEALER'S NAME, CITY & STATE CARMAX KENNESAW
ENGINE SIZE (CID/CYL) -
NO. CYLINDERS 4
TURBO DIESEL GAS FUEL INJECTN

TRANSMISSION TYPE AUTOMATIC
ANTILOCK BRAKES NO
RESTRAINT SYSTEM DRIVERSIDE AIRBAG PASSENGERSIDE AIRBAG 3-POINT BELT
CRUISE CONTROL YES
DRIVETRAIN REAR
BODY STYLE 2 DR
MATCH BK VAN PK UP TRK OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

Table with 4 columns: COMPONENT, PART NAME(S), LOCATION, FAILED PART(S). Row 1: AIR BAG, LEFT FRONT, ORIGINAL.

APPLICABLE ACCIDENT INFORMATION

ACCIDENT YES
FIRE NO
NUMBER PERSONS INJURED 2
NUMBER OF FATALITIES
PROPERTY DAMAGE EST. YES
POLICE REPORTED YES

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

MULTIPLE CARS DAMAGED. HIT FROM REAR & REARENDED CAR IN FRONT CAUSING CHAIN REACTION. 5 CARS TOTAL. HEAD LACERATION, NECK INJURY, HANDS INJURED ETC.

002 VERIFIED COMPLAINT
CW 5/30/02

CONTINUE ON BACK IF NEEDED

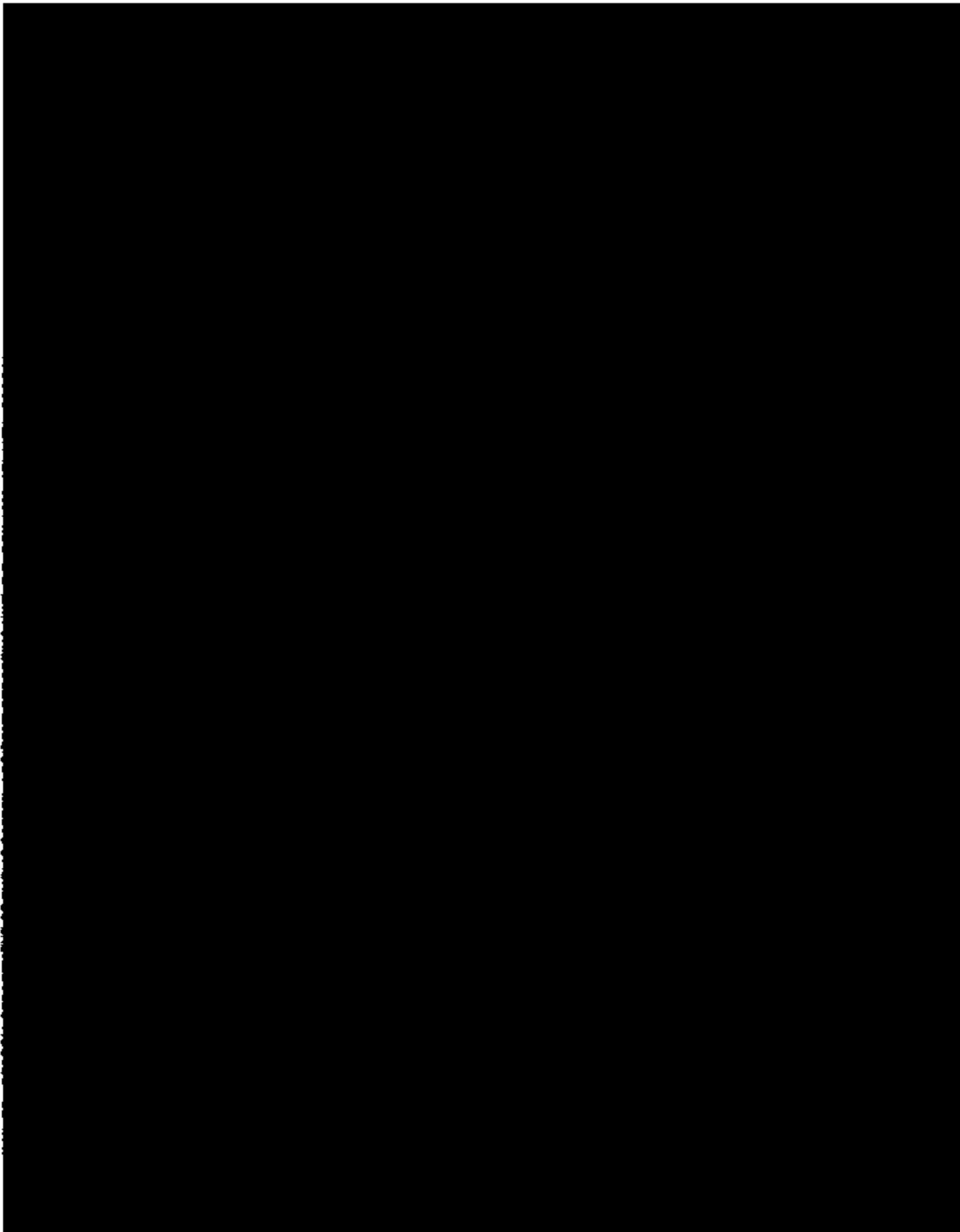
The Privacy Act of 1974 Public Law 93-579
This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may

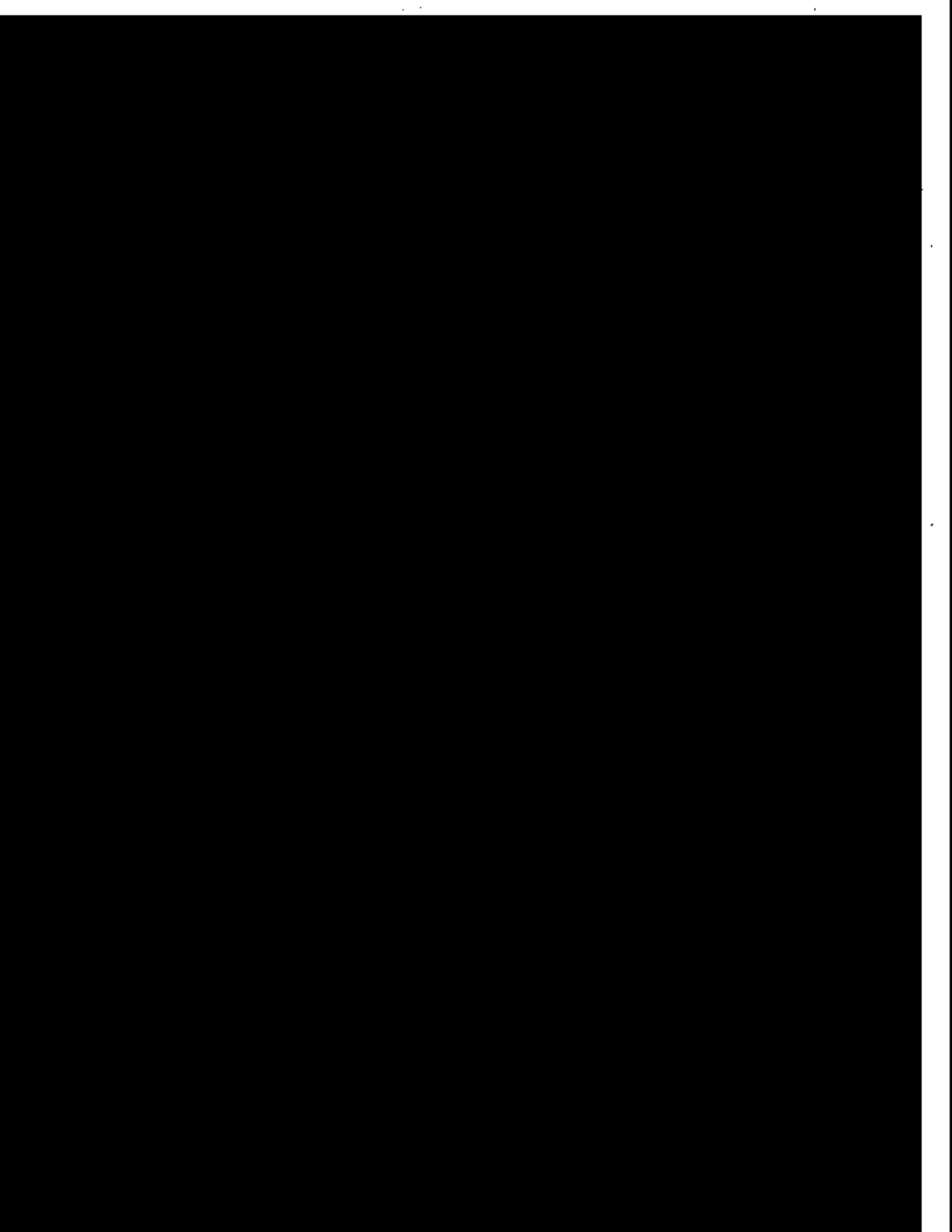
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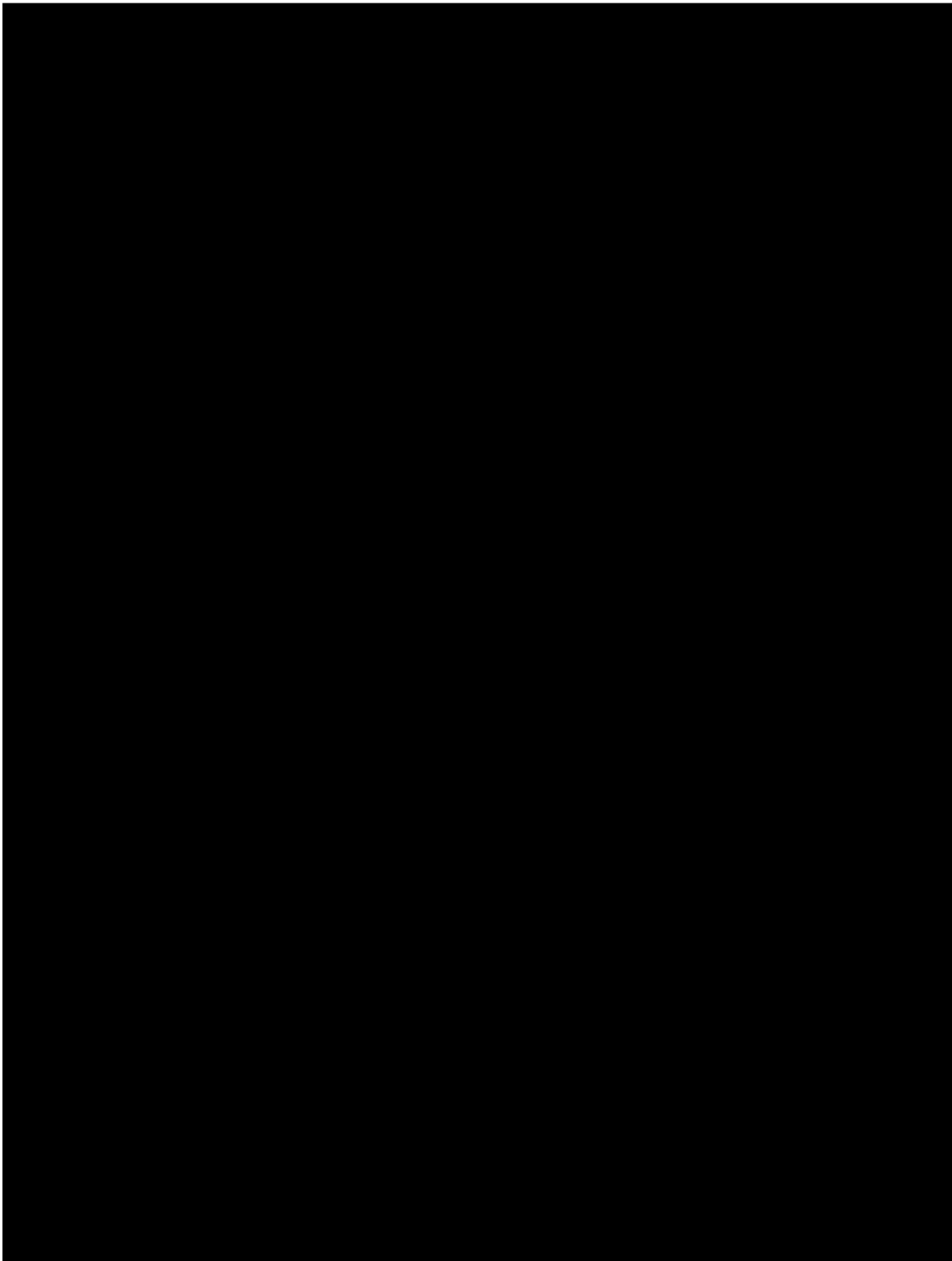
**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

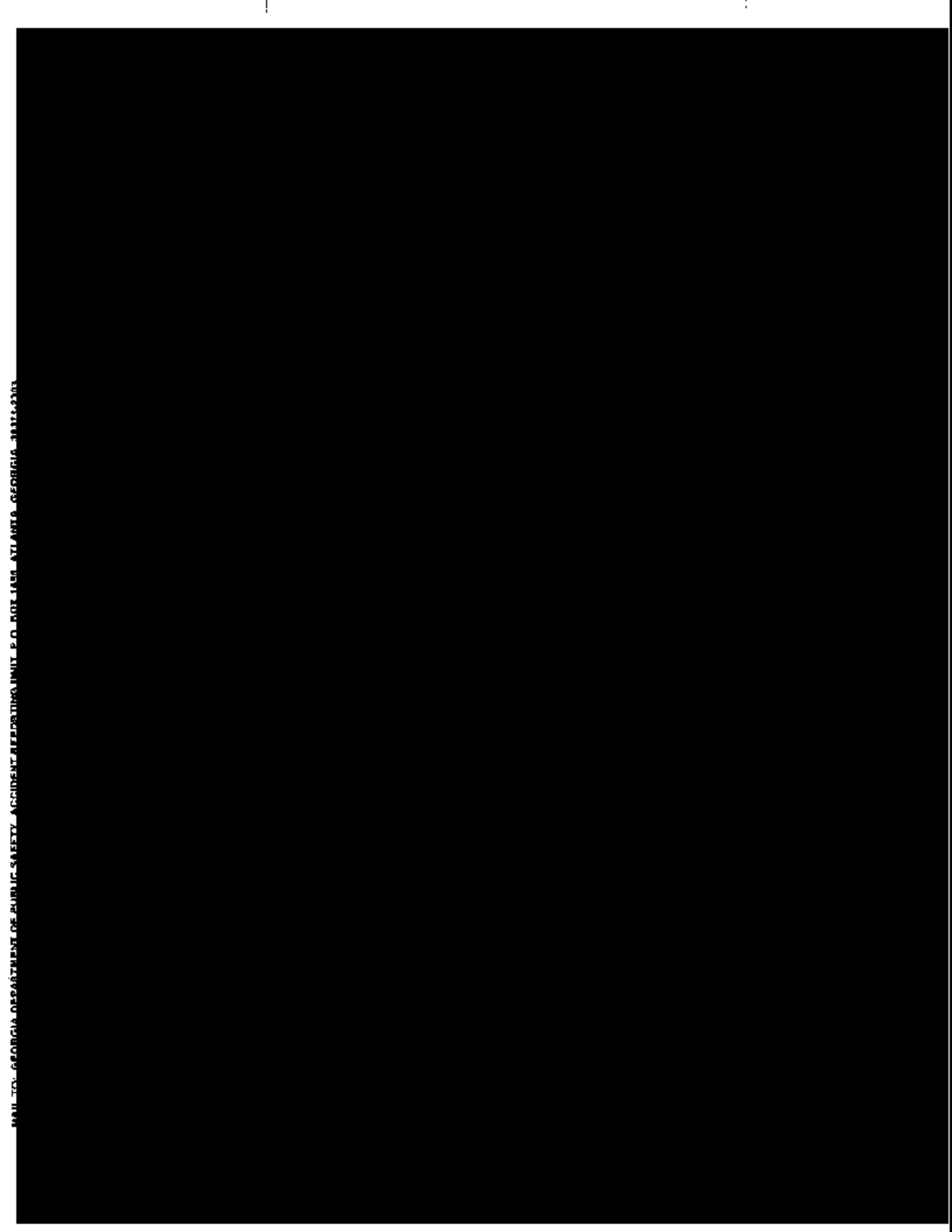
(Page 1 through Page 1)

MAX. TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1466, ATLANTA, GEORGIA, 30371-2003

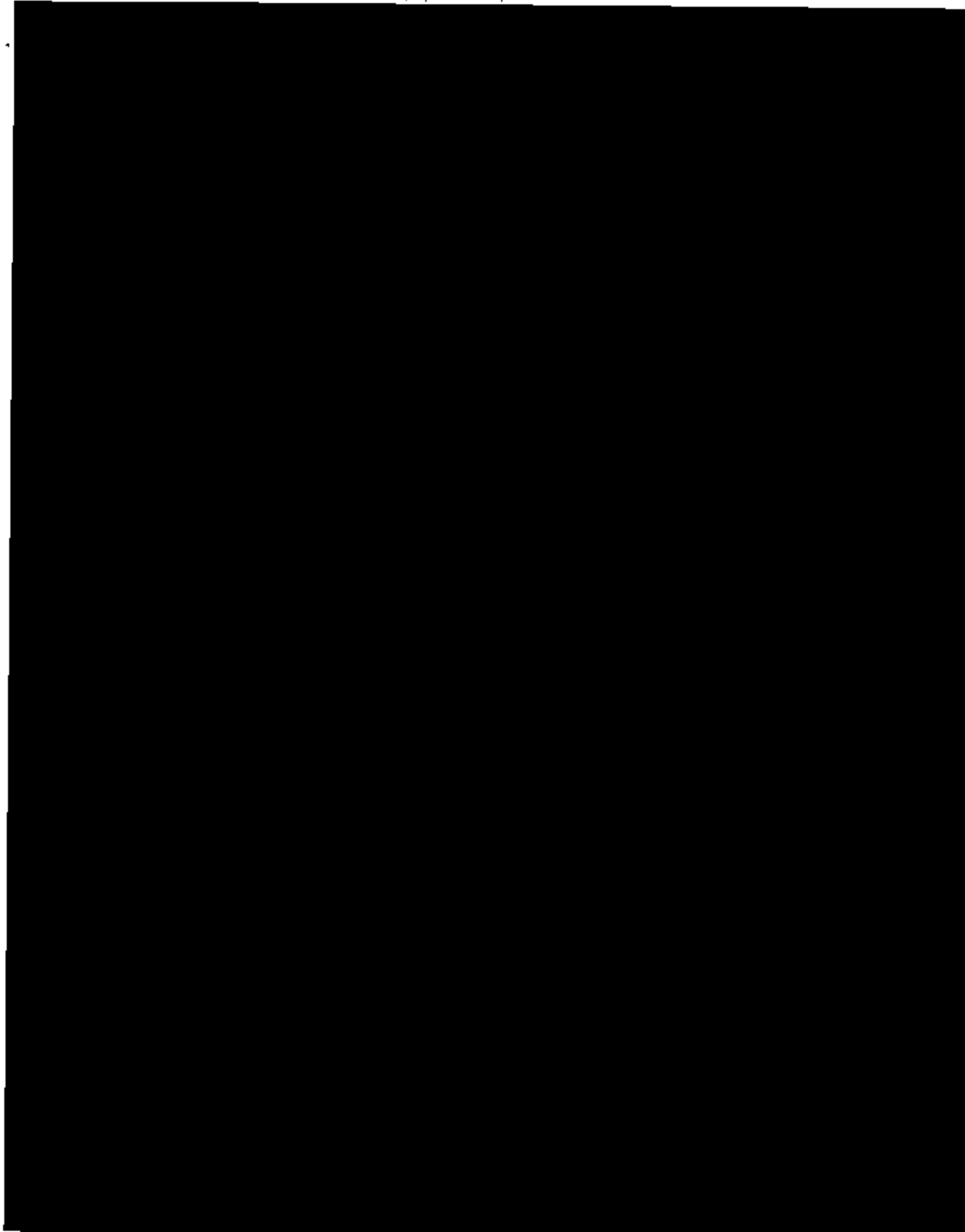




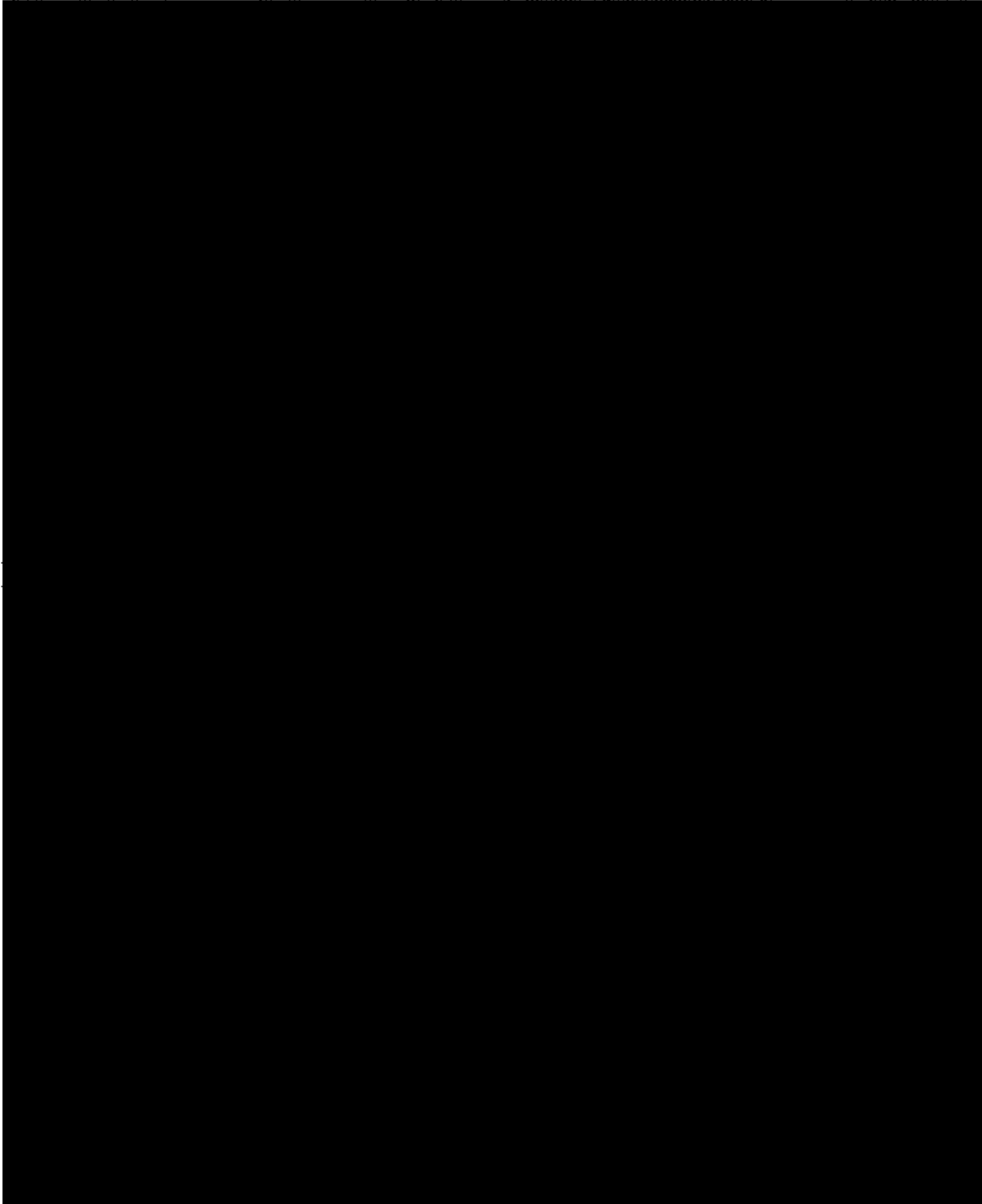


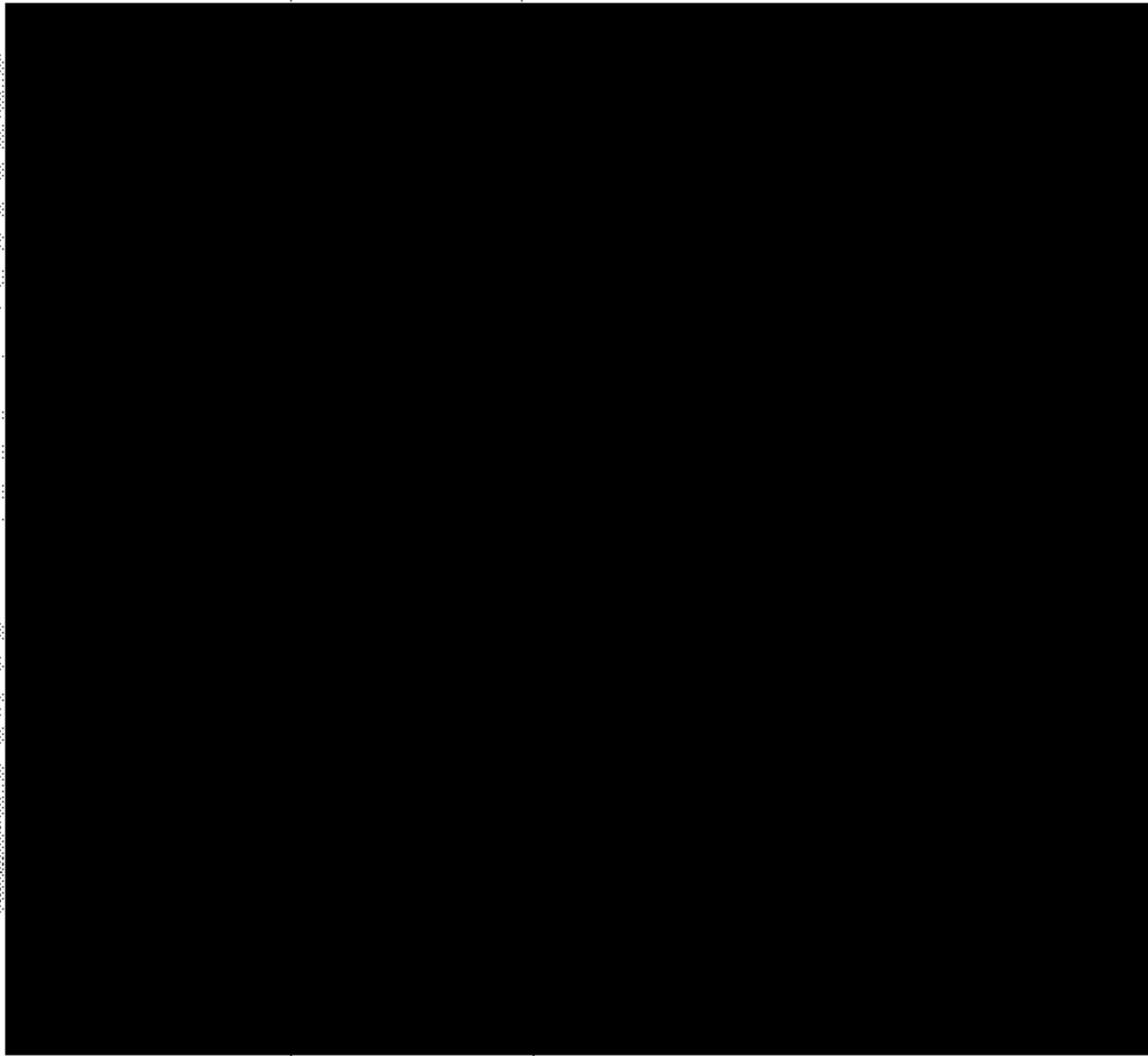


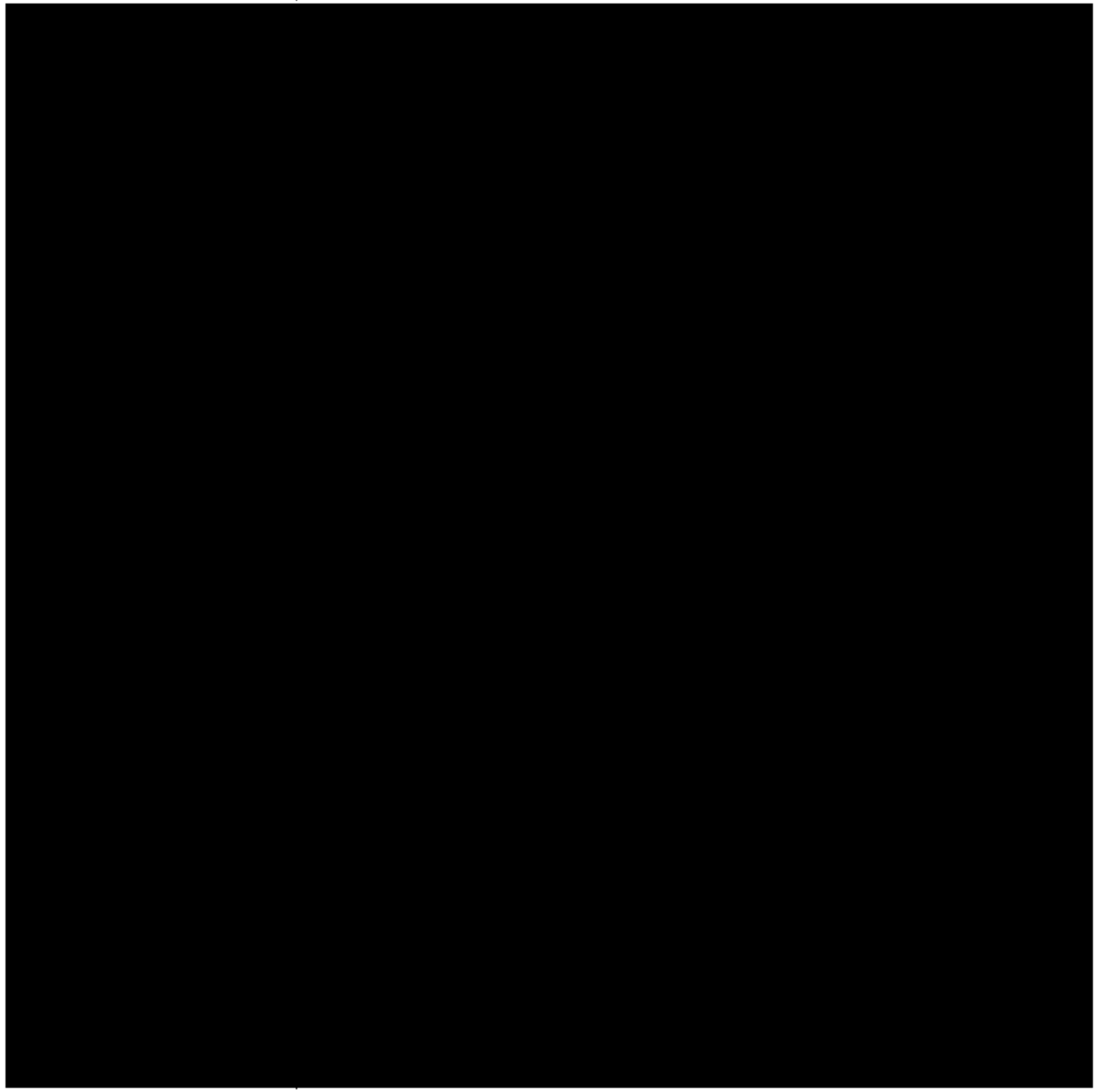
MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY ACCIDENT REPAIRS UNIT P.O. BOX 1188 ATLANTA GEORGIA 30334-0118












DOT Auto Safety Hotline		FOR AGENCY USE ONLY 231		
 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		
OWNER INFORMATION (Type or Print)		Date Received RECEIVED 22 MAY 2002	Od_or rt_dt od_rt up_lr	
[Redacted] 755290		OFFICE DEFECTS INVESTIGATION	Reference No. 0010311	
KENNESAW GA		Work Number	Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Signature of Owner		Date		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	
3C85Y4BBX17646173	CHRYSLER	PT CRUISER	2002	
Purchase Date	Dealer's Name	Engine Size (CID/OCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Norcross</u> State <u>GA</u> Zip Code	No Cylinders <u>4</u>		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Drive Train	Vehicle Type	Body Style		
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Lite <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		
<th>FAILED COMPONENT(S)/PART(S) INFORMATION</th>				FAILED COMPONENT(S)/PART(S) INFORMATION
Component 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT & PASSENGER	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s) <u>5/17/02</u> Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION				
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Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	
Estimated Property Damage		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
CONSUMER WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, DRIVER'S AIR BAG DID NOT DEPLOY, CAUSING INJURY TO DRIVER. DEALER HAS INSPECTED VEHICLE. PLEASE PROVIDE FURTHER INFORMATION.*AK <i>Car was totaled. Injuries to head, neck, hands, back & both legs.</i>				
CONTINUE ON BACK IF NEEDED				
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