Form Approved: OMB No. 2127-0042

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** 758

Date Received: 11-MAY-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No. 888035

[redacted]

*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 on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| ADD | CHRYSLER TRUC | PT CRUISER | 2001 | |

| Purchase Dat | | | |
|---|---|---|---|
| ☒ New ☐ Used | Dealer's Name_____ City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L ____ No Cylinders ____ | ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☒ Automatic | ☒ Yes ☐ No | ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag | ☒ Yes ☐ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____ | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 12340000 | INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Date(s) of Failure(s) | Mileage at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|---|
| | 10-APR-2001<br>4400 | | ☐ Yes ☐ No | ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**HEAD RESTRAINT IS OF SUCH DESIGN THAT IT WILL NOT STAY IN POSITION. IT WILL DRIFT UP, AND CONSUMER'S HEAD RESTS AGAINST METAL BARS. CHRYSLER ADMITTED THERE WAS A PROBLEM, AND THEY WERE WORKING ON IT.*AK**

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

| FOR AGENCY USE ONLY | 758 |
|---|---|
| Date Received: 11-MAY-2001 | Od_or<br>rt_dt<br>od_rt<br>up_ith |
| Reference No. 888035 | |

01 AUG -1 A 11:3
OFFICE
DEFECTS INVESTIGATION

## OWNER INFORMATION (Type or Print)

[redacted] 691671

[redacted]

Work Number [redacted]

Home Number

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of a [redacted] vide your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 7/23/01

## VEHICLE INFORMATION

| Vehicle Ident. No. (V.I.N.) (Located at bottom of windsh-eld or driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| ADD 3C8FY4BB6IT586571 | CHRYSLER TRUC | PT CRUISER | 2001 | 7167 |

Purchase Date

☒ New ☐ Used

Dealer's Name Dick Scott Motor Mall

City Fowlerville State MI Zip Code 48836

Engine Size (CID/CC/L 2.4L

No Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☒ Automatic | ☒ Yes<br>☐ No | ☐ 3-Point Belt ☐ Motorbelt<br>☒ Driverside Airbag ☐ 2-Point Belt<br>☐ Passengerside Airbag | ☒ Yes<br>☐ No | ☒ Front<br>☐ Rear<br>☐ 4-Wheel | ☒ Car ☐ Sport Utl<br>☐ Van ☐ Truck<br>☐ Minivan ☐ Motorcycle<br>☐ Other | ☐ 2-Door<br>☒ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☒ Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 12340000 | INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS | ☒ Left ☐ Right<br>☒ Front ☐ Rear | ☒ Original<br>☐ Replacement |

| No of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|---|---|
| Continuing | 10-APR-2001 | 4400 | | ☒ Yes ☐ No | ☐ 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 | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**HEAD RESTRAINT IS OF SUCH DESIGN THAT IT WILL NOT STAY IN POSITION. IT WILL DRIFT UP, AND CONSUMER'S HEAD RESTS AGAINST METAL BARS. CHRYSLER ADMITTED THERE WAS A PROBLEM, AND THEY WERE WORKING ON IT.*AK**

Advised by Chrysler this is a problem on all PT Cruisers made after Nov 2000.

CONTINUE ON BACK IF NEEDED