1100 3673

Form Approved: O.M.B. No. 2127-0006

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

AUTO SAFETY HOTLINE

CHILD SAFETY SEAT QUESTIONNAIRE

NATIONWIDE 1-888-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

REFERENCE NUMBER: CSFQ IVF

DATE RECEIVED: 03 JAN 10 AM 1:11

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

LAST NAME	HOME	WORK PHONE
[redacted]		
CITY: Three Forks	STATE: MT	ZIP CODE: [redacted]
SIGNATURE OF OWNER: [redacted]	DATE: 11-11-02	

CHILD INFORMATION

CHILD'S NAME	AGE	HEIGHT/LENGTH	WEIGHT
[redacted]	2 month	23 inches	12 pound 4 oz

CHILD SAFETY SEAT INFORMATION

MANUFACTURER	MODEL NUMBER/NAME	DATE MANUFACTURED
Evenflo	492 1632P3 Tyler 3	12 May 98

SEAT WAS	SEAT WAS OBTAINED	DATE SEAT OBTAINED
☐ Purchased ☐ Obtained through loaner program ☑ Gift	☐ New ☑ Used	July 9th, 2002

VEHICLE INFORMATION

MAKE OF VEHICLE	MODEL OF VEHICLE	YEAR OF VEHICLE
~~Chevy~~ GMC	S-15	1985

ACCIDENT INFORMATION (If applicable) N/A

ACCIDENT?	NUMBER INJURED	NUMBER FATALITIES	POLICE REPORT FILED?
☐ Yes ☐ No			☐ Yes ☐ No

CHILD SEAT LOCATION: ☐ Front ☐ Right ☐ Rear ☐ Left ☐ Center

FACING DIRECTION: ☐ Forward ☐ Backward

DESCRIBE PROBLEM/DEFECT IN DETAIL (state method of securing child and seat)

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 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 manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

HS-Form 360C (6-91)