



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

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 100079

Date Received
14-JAN-2003
OFFICE INVESTIGATION

Repository
Reference No.
10003762

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City LOCKPORT State IL Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____

E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 2/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located on bottom of windshield on driver's side
4C3AU52N5EB036992
Make CHRYSLER Model SEBRING Model Year 1999
Date Purchased 9-5-01 Dealer's Name and Telephone Number _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Engine: No: Cylinders _____ Fuel Type: _____
Transmission Type Antilock Brakes Powertrain _____
 Cruise Control Vehicle Component Code
021500 SUSPENSION:FRONT:CONTROL ARM
Multiple Failure: REPLACED ONCE BEFORE 2/1/00

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-JAN-2003 Failure Mileage 46186 Failure Speed _____
BOTH LOWER LATERAL ARM BALL JOINTS

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: DOTM19ABC036) Original Equipment 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

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured _____ Number of Deaths _____ Reported to Police N

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).

NHTSA#00-V-421-000:LOWER BALL JOINT BOOT: LOWER LATERAL ARM BALL JOINTS OF THE FRONT SUSPENSION WERE DAMAGED DURING ASSEMBLY DIRT AND WATER CAN INTRUDE. ALSO MMC HAS ADDED THE POTENTIAL OF LEAKING MOISTURE WHICH CAN CAUSE BALL STUD TO CORRODE. CONSUMER STATES THAT HIS VEHICLE WAS RECALL AND THE RECALL FAIL TS

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 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
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).**