



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 231

Date Received  
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**OWNER INFORMATION (Type or Print)**

Name   
Address   
City RIDGEVILLE State SC Zip Code

Daytime Telephone Number   
Evening Telephone Number  
SAME AS ABOVE  
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 1/1

**VEHICLE INFORMATION**

|                                                    |                                                                                                           |                   |                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|--------------------------|
| Make<br>CHRYSLER                                   |                                                                                                           | Model<br>SEBRING  | Model Year<br>1996       |
| Date Purchased<br>October 2002                     | Dealer's Name and Telephone Number<br>A & S Auto Sales (803) 496-7697                                     |                   | Engine:<br>No. Cylinders |
| Original Owner<br><input type="checkbox"/>         | Dealer's City<br>Holly Hill                                                                               | State<br>SC       | Zip Code<br>29059        |
| Transmission Type<br>Auto                          | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain        |                          |
| Vehicle Component Code<br>151000 SEAT BELTS: FRONT |                                                                                                           | Multiple Failure: |                          |

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

|                  |                 |               |  |
|------------------|-----------------|---------------|--|
| Incident Date(s) | Failure Mileage | Failure Speed |  |
|------------------|-----------------|---------------|--|

**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: DOTM15A8C036) | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Deaths | Reported to Police<br>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).

CONSUMER STATE BOTH VEHICLE FRONT SEAT BELTS WILL NOT REPAIR CAUSING CONSUMER UNABLE TO LOCK SEAT BELTS. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. TS COME OUT  
BOTH FRONT SEAT BELTS ARE LOCKED UP. CANNOT PULL EITHER ONE OUT. WHEN PURCHASED, THE DRIVER'S SIDE WOULD COME OUT ONLY WHEN SEAT WAS LEANED UP. I HAVE PUT IN SHOP TO REPAIR. THAT DID NOT WORK. THEY HAVE TO BE REPLACED. I PRICED THAT, AND IT WOULD BE A \$400 TO REPLACE BOTH. I FEEL THAT IT SHOULD BE THE RESPONSIBILITY OF THE MANUFACTURER.  
SEE BACK ->

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I ATTEMPTED TO BUY SEAT BELTS FROM A WRECKED SEBRING, BUT WHEN I WENT TO GET THEM, THEY WERE ALSO LOCKED UP. ~~REPAIR~~ NOW, THE LAW ALLOWS FOR SEATBELTS NOT WORN TO BE A PRIMARY OFFENSE. I WORE MY SEATBELT, AND NOW I DON'T HAVE THE OPTION BECAUSE THEY ARE BROKEN. I FEEL FOR MY SAFETY, THAT THIS SHOULD NOT BECOME A PROBLEM. ~~CONVINCED~~ SEATBELTS ARE A REQUIRED SAFETY FEATURE IN A CAR. THEY SHOULD ALWAYS WORK, AND IF NOT, THEY SHOULD BE REPLACED. THIS CAR IS A CONVERTIBLE. I CANNOT ENJOY IT BECAUSE OF FEAR OF NOT BEING BUCKLED IN. IN THE EVENT OF A ROLLOVER, I WOULD HAVE NO PROTECTION.

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



ATTACH ADDITIONAL SHEETS IF NECESSARY

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



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Informational and promotional



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(DASH) 2 DOT

1-888-327-4236

**1-888-DASH-2-DOT**

and dial toll free at

**DASH2DOT**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**

**VEHICLE  
OWNER'S**