

10017587

Form Approved: O.M.B. No. 2127-0003



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

**AUTO SAFETY HOTLINE**  
**CHILD SAFETY SEAT QUESTIONNAIRE**

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 388-0123

|                 |               |
|-----------------|---------------|
| REF ID: A11753  | DATE RECEIVED |
| APR 23 AM 11:17 |               |

**OWNER INFORMATION (Type or Print)**

|                    |                               |            |            |
|--------------------|-------------------------------|------------|------------|
| LAST NAME          | FIRST NAME AND MIDDLE INITIAL | HOME       | WORK PHONE |
| [REDACTED]         | [REDACTED]                    | [REDACTED] | [REDACTED] |
| CITY               | STATE                         | ZIP CODE   |            |
| Kalston            | NY                            | [REDACTED] |            |
| SIGNATURE OF OWNER |                               |            | DATE       |
| [REDACTED]         |                               |            | 4/9/03     |

**CHILD INFORMATION**

|              |            |               |            |
|--------------|------------|---------------|------------|
| CHILD'S NAME | AGE        | HEIGHT/LENGTH | WEIGHT     |
| [REDACTED]   | [REDACTED] | [REDACTED]    | [REDACTED] |

**CHILD SAFETY SEAT INFORMATION**

|  |  |                    |
|--|--|--------------------|
| MANUFACTURER   | MODEL NUMBER/NAME  | DATE MANUFACTURED  |
| Graco  | Snuggler   |                    |
| SEAT WAS   | SEAT WAS OBTAINED  | DATE SEAT OBTAINED |
| <input checked="" type="checkbox"/> Purchased<br><input type="checkbox"/> Obtained through loaner program<br><input type="checkbox"/> Gift | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Used |                    |

**VEHICLE INFORMATION**

|                 |                  |                 |
|-----------------|------------------|-----------------|
| MAKE OF VEHICLE | MODEL OF VEHICLE | YEAR OF VEHICLE |
| Pontiac         | Grand Prix       | 2001            |

**ACCIDENT INFORMATION (if applicable)**

|  |  |                                 |   |
|--|--|---------------------------------|---|
| ACCIDENT?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | NUMBER INJURED   | NUMBER FATALITIES               | POLICE REPORT FILED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |
| CHILD SEAT LOCATION:<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Center | FACING DIRECTION:<br><input type="checkbox"/> Forward <input type="checkbox"/> Backward |

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

It was requested that I fill out this form. That my car seat inspected at warehouse assembly by Charlotte Ulich. Shows workday & 'no days'. Thanks for a great program. I had no idea how unsafe my baby was!

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

