



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 758

Date Received 2003 MAY 24 PM 12:31	Repository <input type="checkbox"/>
	Reference No. 10018809

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]				
City	RICHMOND	State	VA	Zip Code	[REDACTED]
				Evening Telephone Number	[REDACTED]

Do you authorize NHTSA to send your name and address to the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 7/2/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4C3AU42N8YE103388	Make CHRYSLER	Model SEBRING	Model Year 1997
Date Purchased 11/20/02	Dealer's Name and Telephone Number Whitlow Chevrolet 370-8000(804)	Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Richmond	State VA	Zip Code 23225
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
			Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-APR-2003	Failure Mileage 65,000	Failure Speed N/A
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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: DOTM4L8ABC036)	<input type="checkbox"/> Original Equipment <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

THE DRIVER'S SEAT BELT FAILED TO BUCKLE. *JB

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.