



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 1367

Date Received

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Repository

Reference No.
10021527

OWNER INFORMATION (Type or Print)

Name

Address

City

RICHMOND

State

IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/15/03 YES NO

VEHICLE INFORMATION

Make CHRYSLER		Model SEBRING	Model Year 1999
Date Purchased 4/99	Dealer's Name and Telephone Number Crystal Lake Chrysler 815-459-4000		Engine: 2.5L No. Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City Crystal Lake	State IL	Zip Code 60132
Transmission Type 4 spd Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Fuel Type:
Vehicle Component Code 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-MAY-2003	Failure Mileage 69488	Failure Speed
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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: DOTM13ABC036)	<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(es).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

UPON STARTING VEHICLE IN THE REVERSE GEAR, WITH FEET ON THE BRAKE PEDAL, VEHICLE ACCELERATED AT A HIGH SPEED. *AK Started car in garage placed in reverse to back up. Car fully accelerated in reverse, out of control approx 55 feet hitting second garage. Damaging car, garage and 2 parked cars inside garage. Passengers in car as witness. Car was uncontrollable, brakes did not respond, could not shift into any other gear. Chrysler came and picked

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 a disinformation 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)

Wp car on 6/4 to bring to Crystal Lake Chrysler dealer
for testing. To date 6/16 car is still frozen until dealer
or us here from Chrysler with response.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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

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National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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