



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 100161

Date Received

2003 AUG 15 PM 3:10
01-JUL-2003

Repository ☐

Reference No.

10026381

OWNER INFORMATION (Type or Print)

Name

Address

City

GEORGETOWN

State

KY

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? ☐ YES ☒ NO

In the absence of an authorized signature, please print the name of the vehicle manufacturer.

Signature of Owner

Date 07/20

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4K3ALJ42N20E

Make

DODGE

Model

AVENGER

Model Year

1999

Date Purchased
3-25-00

Dealer's Name and Telephone Number

MARTIN Dodge Jeep (502) 846-0600

Engine:

No. Cylinders

V6

Fuel Type:

mid Grade

Unleaded

Original Owner

☒

Dealer's City

BOWLING GREEN

State

KY

Zip Code

Transmission Type

Auto 4sp

☒ Antilock Brakes

☒ Cruise Control

Powertrain

2.5 L V6
SOHC 24V MPI

Vehicle Component Code

221200 SEATS: FRONT ASSEMBLY: RECLINER

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

30-JUN-2003

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Performance GT-H M-S

Tire Model (Name or Number)

Performance GT-H M-S

Tire Size (Example P215/65R15)

205 55R16

DOT No. (Example: DOTM19ABC036)

DOT P30F

☐ Original Equipment

☒ Prior Repair

Failure Location:

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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

N

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).

WHILE THE CAR WAS NOT MOVING DRIVER'S SIDE SEATBACK BROKE AND WENT BACKWARD. THE SEAT WILL ONLY LOCK ALL THE WAY BACK OR ALL THE WAY FORWARD. *AK

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 be appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement and/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)

While AT BANK ATM I Leaned back to retrieve Debit Card from front Pocket, the Driver side FSB Recline broke away from Gold Bolts and also the weld to FSB tube Assembly. I Fell all the way back onto Rear Rear seat Cushion, the Driver FSB was twisted and broken. It would only hold all the way back at ALL the way Forward against steering wheel. I've had soreness and possible muscle strain or pulls under right front arm since the incident. Please Alert Dodge & or the General Public of the seriousness of this incident. Daimler Chrysler is still giving me a hard time about fixing this problem. Please HELP! ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

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and dial toll free at

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(DASH) & DOT



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