



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 SEP 12 AM 8:51  
18-JUL-2003

Repository   
51  
Reference No.  
10029665

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City NEW PAL State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted]  
Evening Telephone Number [Redacted]

E-mail Address [Redacted]

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	CHRYSLER	Model	SEBRING	Model Year	1999
Date Purchased	12 99	Dealer's Name and Telephone Number	L.T. BEJNAL MOTORS CO INC 845-331-5080		Engine: No. Cylinders
Original Owner	<input type="checkbox"/>	Dealer's City	CATSKILL	State	NY
Transmission Type	Automatic	Powertrain	Vehicle Component Code	151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY	
<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Cruise Control	Multiple Failure:	1		

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

Incident Date(s)	16-JUL-2003	Failure Mileage	ALL Speeds	Failure Speed	FRONT SEAT BELT MODULE SEAT BELT MOTOR
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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: DOTM18ABC036)	<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	Reported to Police N
Number of Persons Injured	Number of Deaths	
0	0	

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).

SEAT BELTS ON THE DRIVER AND PASSENGER SIDES HAVE LOCKED UP AND WILL NOT RELEASE. VEHICLE WAS TAKEN TO THE DEALER, WHO ADVISED CONSUMER THAT THE SEAT BELT MOTOR NEEDED TO BE REPLACED. \*AK

*Dealer agreed to pay \$400.  
We paid a co-pay of \$108.00*

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.