



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

Date Received

Ord. or _____
r. dt _____
od. rt _____
up. ltr _____

2003 AUG 27 AM 10: 26

Reference No.

~~10037722~~

10037722

OWNER INFORMATION (Type or Print)

Name _____		
Street No. _____	Apt. No. _____	
City WILMINGTON	State MA.	Zip Code _____

Daytime 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / /

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side) 3C3ELP5H0VT541860		Make CHRYSLER	Model CONV.	Year 1997
Purchased Date _____	Dealer's Name _____		Engine Size (CID/KCC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City _____	State _____	Zip Code _____	<input type="checkbox"/> Diesel
Manufacture Date (on driver's door or pillar) _____	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. Cylinders _____
			Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
			Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 3-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) THROTTLE CONTROL CABLE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____	Tire Name _____		
Complete Tire Size _____	DOT No. _____		
No. of Failures _____	Date(s) of Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____		
	Vehicle Speed at Failure(s): _____		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-368-7882

2ND NOTICE RECEIVED 3-19-03

|| OCT. 23-02 || I SENT THIS LETTER TO
UNITED STATES DAIMLER CHRYSLER MOTORS
CORPORATION CUSTOMER SERVICE CENTER
P.O. BOX 21-8004
AUBURNHILLS, MICHIGAN 48321-8004
PHONE (800) 992-1997

TO WHOM IT MAY CONCERN

I HAVE A 1997 SEBRING CONV.
THAT I SENT TO GREECE.

MICHIGAN! SENDS ME A RECALL NOTICE,
I THINK IT'S THE THROTTLE THAT MIGHT STICK.

THAT SOUNDS GREAT!

WE MY WIFE & I GO TO GREECE SEPT. 9TH 02

WE GO TO YOUR DEALERSHIP WITH THE RECALL
NOTICE. EITHER SEPT. 16-02 OR 17TH 02

NICK WAS AT THE FRONT DESK.

WE GAVE HIM THE RECALL NOTICE HE MADE
A COPY OF THE RECALL NOTICE.

HE TOLD US HE HAD TO ORDER IT & WOULD
CALL US WHEN HE RECEIVED THE PART.

WE WERE LEAVING TO COME BACK TO
THE STATES OCT. 23RD

#7

WE CALLED NICK ON THE 21ST HE SAID HE HAD THE PART.

"HE NEVER CALLED US"

IN GREECE THEY SECURE A CAR THAT IS ONLY USED A FEW MONTHS A YEAR.

SHORTLY AFTER WE CALLED NICK THEY CALLED US TELLING US THEY'D BE AT MY HOME A 3 O'CLOCK INSTEAD OF 7 P.M. AS A RESULT MY CAR IS STILL WITH A BUM THROTTLE.

NICK NEVER CALLED OR ANYONE ELSE FROM THE DEALERSHIP NEVER CALLED.

IF YOU'VE BEEN TO GREECE YOU DON'T WANT TO DRIVE AROUND THOSE MOUNTAINS WITH A DEFECTIVE THROTTLE.

WE, MY WIFE & I HAVE A PT CRUISER OR IN THE U.S.A. MY DAUGHTER HAS A CRYSTLER PRODUCT.

I'LL PROBABLY BE BACK TO GREECE AUG. OR SEPT. I HOPE YOUR MAN NICK FINDS TIME TO CORRECT MY PROBLEM IF HE CAN FIND THE PART OR PARTS.

IF HE DOES HE HAS A MECHANIC GEORGE THAT WAS CERTIFIED IN THE U.S.A. TO CHECK OUT THE SOB OR DO IT HIMSELF HE'S GREAT.

I HATE PUTTING MY LIFE IN SEPOREY WITH A BUM THROTTLE BECAUSE NICK CAN'T PUT HIMSELF OUT TO MAKE A PHONE CALL.

