



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

AUTO SAFETY HOTLINE CHILD SAFETY SEAT QUESTIONNAIRE

NATIONWIDE 1-800-424-8303
DC METRO AREA (202) 368-0123

Form Approved OMB No. 2127-0806

REFERENCE NUMBER

10040400

DATE RECEIVED: 01

OWNER INFORMATION (Type or Print)

LAST NAME	FIRST NAME AND MIDDLE INITIAL	HOME	WORK PHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF OWNER			DATE

CHILD INFORMATION

CHILD NAME	AGE	HEIGHT/LENGTH	WEIGHT
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CHILD SAFETY SEAT INFORMATION

MANUFACTURER	MODEL NUMBER/NAME	DATE MANUFACTURED
SEAT WAS	SEAT WAS OBTAINED	DATE SEAT OBTAINED

VEHICLE INFORMATION

MAKE OF VEHICLE	MODEL OF VEHICLE	YEAR OF VEHICLE
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ACCIDENT INFORMATION (if applicable)

ACCIDENT?	NUMBER INJURED	NUMBER FATALITIES	POLICE REPORT FILED?
CHILD SEAT LOCATION:	FACING DIRECTION:		

DESCRIBE PROBLEM/DEFECT IN DETAIL (state method of securing child and seat)

the strap that goes through the bottom of the seat came all the way through, the child was not secure

CONTINUE ON BACK IF NEEDED

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.