Form Approved: OMB No. 2127-0004

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 100192

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Repository ☐

Reference No. 10065292

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: DOWNERS GROVE | State: IL | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C3XV66R7ND827121	CHRYSLER	NEW YORKER	1992

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
1992	DAN ROESCH CHRYSLER 630-834-8000		

Original Owner	Dealer's City	State	Zip Code
☒	ELMHURST	IL	

Transmission Type | ☒ Antilock Brakes ☒ Cruise Control | Powertrain

Vehicle Component Code: 151200 SEAT BELTS:FRONT:WEBBING

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
	58000	

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: DOTMAL8ABC036) | ☐ Original Equipment ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

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).

BOTH FRONT SEAT BELTS ARE FRAYED IN THE SAME SPOT. IT IS VERY VISIBLE NEAR THE SEAT BELT BUCKLE. ALSO, THE BELTS DO NOT RETRACT AFTER USAGE. "AK

PLASTIC HOLDERS FOR BELTS ON FLOOR NEAR DOORS HAVE BROKEN PIECES MISSING WITH JAGGED EDGES REMAINING. THE BELTS DO NOT RETRACT IN THESE AREAS & ARE ALWAYS GETTING CAUGHT IN CLOSING OF DOORS. THIS PROBLEM IS THE SAME ON DRIVERS SIDE & PASSENGER SIDE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY