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 252

Date Received	Repository ☐
27-MAY-2004 25	Reference No. 10074402

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]	Evening Telephone Number	
City SAINT PETERSBURG / State FL / Zip Code [redacted]		

Do you authorize NHTSA to provide your name and address 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 [redacted] Date 6/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE FILL IN 3C3EL45HS1T[redacted]	CHRYSLER	SEBRING	1996

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
3YRS AGO	USED CAR DEALER			6	GAS
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	Powertrain	134000 VISIBLE/SUNROOF ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-MAY-2004	80,000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
NOT SURE		
DOT No. (Example: DOTMAL9ABC036)	☐ 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	0	0	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).

WHILE THE VEHICLE WAS PARKED THE CONSUMER NOTICED THAT THE ROOF WAS UNRAVELING AT THE SEAMS. THE DRIVER WILL CONTACTED THE DEALER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. ARM

MY CONVERTIBLE TOP IS UNRAVELING IN ALL THE SEAMS AS WELL AS COMING APART TO THE POINT OF BEING DANGEROUS TO DRIVE ESPECIALLY IN HIGH WINDS I DID CALL AND REPORT THE COMPLAINT TO CHRYSLER ON MAY 6TH REFERENCE # 1227777 (BACK WINDOW COULD BLOW OUT CAUSING FATAL Accident [redacted]

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