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 100148

Date Received	Repository ☐
2005 JUN 15 AM 4:45 24-JUN-2005	Reference No. 10126454

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City DECATUR	State IL	Zip Code	

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 7/5/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C3EL56R32N	CHRYSLER	SEBRING	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
27-AUG-01	FREEDOM			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City VIRDON	State IL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	201000 WHEELS:RIM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
08-APR-2005	39560		

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: 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			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).

DT: CONSUMER STATES THAT APPROXIMATELY SIX OR SEVEN WEEKS AGO HE NOTICED AIR LEAKING FROM A TIRE AFTER CHECKING WITH A TIRE GAUGE. CONSUMER TOOK THE TIRE TO A TIRE REPAIR COMPANY , AND WAS TOLD THERE WAS A PROBLEM WITH THE ALUMINUM RIM. THEY STATED THAT THE CHROME FLAKES OFF AND DOESN'T ALLOW THE BEAD TO SEAL TO THE RIM. THIS IS THE ORIGINAL TIRE FOR THE VEHICLE. THE TIRE IS LOCATED ON THE FRONT PASSENGER SIDE.*AK

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