


Child Safety Seat Questionnaire To report a complaint, defect or incident		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration	VEHICLE SAFETY HOTLINE Nationwide: 1-888-327-4238 / DC Metro area: 202-368-6123 To submit by Fax: 202-368-3171		Date Received 2005 JUN 28 AM 9:53
	OWNER INFORMATION (Type or Print) NAME and ADDRESS [REDACTED] HOUSTON TX [REDACTED]		od-or ___ rt-rt ___ od-ft ___ up-ft ___ Reference No. 10/27905
Do you authorize NHTSA to provide a copy of this information to the manufacturer of your Child Safety Seat? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		DAY TIME TELEPHONE NO. (AREA CODE) [REDACTED]	
CHILD INFORMATION			
Any Special Information	Age	Height/Length	Weight
	12mos.	31"	22 lbs
CHILD SAFETY SEAT INFORMATION (As identified on the manufacturing label on the seat)			
Seat Manufacturer	Date Manufactured	Seat Name and Model Number	
EVERFLU	10/05/2004	Tribute 5	
Type of Child Safety Seat	37920981 P1		
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input checked="" type="checkbox"/> Other			
Failed Part. Describe Failure Below.			
<input type="checkbox"/> Base <input checked="" type="checkbox"/> Harness/Buckle <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Material Padding <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Tether <input type="checkbox"/> Other			
Seat Was:	Purchased From:	Installed in Vehicle by the:	
<input checked="" type="checkbox"/> Purchased <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Obtained through loaner program <input type="checkbox"/> Gift <input type="checkbox"/> Borrowed Date: / /	Walmart city HOUSTON state TX	<input checked="" type="checkbox"/> Vehicle Safety Belt <input type="checkbox"/> LATCH System (vehicle information required)	
VEHICLE INFORMATION			
Make of Vehicle	Model of Vehicle	Year of Vehicle	
Honda	Accord LX	1996	
INCIDENT INFORMATION (if applicable)			
Crash?	Number of Injured	Number of Fatalities	Police Report Filed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Child Seat Location:	Safety Belt System Used		Facing Direction:
<input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Center <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left	<input checked="" type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Both		<input checked="" type="checkbox"/> Forward <input type="checkbox"/> Rear
DESCRIBE INCIDENT/DEFECT IN DETAIL (Please explain how the Child Seat failed) My car was Broad-sided on the passenger side rear quarter panel / door. Driving approx. 10 mph, when I was hit, I was pushed up onto the curb. Once I was out of the car I went to check my son, his lap buckle of the harness was undone.			
<small>The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in Chapter 301 of Title 49 of the United States Code. 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.</small>			

Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.

Narrative Description (Continued):

I am positive it was latched when we left home. He could not have undone it himself. I am currently speaking about this to my insurance company.

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