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

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OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City LAS VEGAS | State NV | Zip Code [redacted]

Daytime Telephone Number [redacted] | E-mail Address [redacted]

Evening Telephone Number

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
1C3AU42R6[redacted]	CHRYSLER	SEBRING COUPE	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-04	EASTERN AVENUE MOTORS			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City LAS VEGAS	State NV	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2004		10	

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: DOTMAL8A8C036)	☐ 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). Explain fire, 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: THE CONTACT OWNS A 1998 CHRYSLER SEBRING COUPLE LX. THE THROTTLE CONTROL IS STICKING. IF COMING TO A STOP THE VEHICLE WILL CONTINUE ON AT A FULL THROTTLE. THE CONTACT CONTACTED CHRYSLER ABOUT RECALLS, AND THEY SAID THERE WERE NO RECALLS. THE MAIN COMPUTER HAD TO BE REPLACED, BUT THAT REPLACEMENT WAS NOT RELATED TO THIS PROBLEM. THE VEHICLE WAS TAKEN TO A REPAIR SHOP, AND THEY TOLD THE CONTACT THAT THERE WERE FALSE SIGNALS FROM THE IDLE AIR CONTROL SOLENOID TO THE MAIN COMPUTER, CAUSING THE THROTTLE CONTROL TO STICK. THE VEHICLE HAD NOT BEEN TAKEN TO THE DEALERSHIP YET. HE WANTED TO CONTACT NHTSA FIRST. THIS PROBLEM BEGAN NINE MONTHS AGO, AND OCCURRED SIX TIMES, GENERALLY AT SPEEDS LESS THAN 10 MPH. *AK

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