



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: 2005 SEP 29 AM 4:00  
24-AUG-2005  
Repository   
Reference No. 10134038

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: PHOENIX State: AZ Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address:  
Evening Telephone Number:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an answer, we will NOT provide your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner: [Redacted] Date: 9/15/2005

**VEHICLE INFORMATION**

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3C3EL4 [Redacted]  
Make: CHRYSLER Model: SEBRING Model Year: 1997  
Date Purchased: Dealer's Name and Telephone Number: Engine: No. Cylinders: Fuel Type: Gas  
Original Owner:  Dealer's City: State: Zip Code:  
Transmission Type: AUTOMATIC  Andlock Brakes Powertrain: UNKNOWN Vehicle Component Code: 150000 SEAT BELTS  
 Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 24-AUG-2005 Failure Mileage: 90000 Failure Speed:

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/56R15)  
DOT No. (Example: DOTM19ABC036)  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  Yes  No Fire  Yes  No  
Number of Persons Injured: Number of Deaths: Reported to Police: ?

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 SEAT BELTS ON DRIVERS AND PASSENGERS SIDES DO NOT WORK PROPERLY. THE STRAP WILL GET STUCK IN THE RETRACTOR, IT WILL NOT MOVE. MOST OF THE TIME ON THE DRIVERS SIDE IT HARDLY EVER WORKS. THIS STARTED ON AUGUST 24, 2004. I CONTACTED THE DEALER THEY ARE GOING TO CHARGE TO FIX IT. \*AK

I feel Chrysler should replace the seatbelts at no cost to me.

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

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. 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.