



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

2005 OCT 20 PM 3:20  
28-SEP-2005

Repository ☐

Reference No.  
10138018

**OWNER INFORMATION (Type or Print)**

Name

Address

City SCOTTSDALE

State AZ

Zip Code

Daytime Telephone Number

E-mail Address

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

4C3AUJ52N15

Make

CHRYSLER

Model

SEBRING

Model Year

1995

Date Purchased  
01-JUN-01

Dealer's Name and Telephone Number  
ED MOSES DODGE

Engine:  
No. Cylinders 5

Fuel Type:  
Gas

Original Owner  
☐

Dealer's City  
SCOTTSDALE

State  
AZ

Zip Code

Transmission Type  
AUTOMATIC

☒ Antilock Brakes  
☒ Cruise Control

Powertrain  
FRONT WHEEL DRIVE

Vehicle Component Code

073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECT

Multiple Failures: 1

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

Incident Date(s)  
26-SEP-2005

Failure Mileage  
128000

Failure Speed

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

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R16)

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), including location, date, and time.)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

OT: THE FUEL RAIL WAS LEAKING. ALSO, THERE WAS A FUEL SMELL IN THE VEHICLE. WAS NOT SURE WHAT CAUSED THE LEAKAGE. THE CONSUMER FOUND THIS OUT WHEN HE WENT TO GET THE BRAKES REPAIRED. THE PROBLEM WAS FOUND ON SEPTEMBER 26, 2005. THE SMELL HAD BEEN THEIR FOR AT LEAST SIX MONTHS OFF AND ON. THERE HAVE BEEN NO ACCIDENTS AS OF YET. THE VEHICLE HAS NOT BEEN REPAIRED AS OF YET. \*AK

I need a the car but can't afford to have this fixed, plus since I drive my twins around... it's a risk.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My mechanic has told me chryslers have  
a problem with the fuel rails, so why  
wasnt this corrected? or Recalled

The attach receipt came from the place I had  
my brakes fix.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

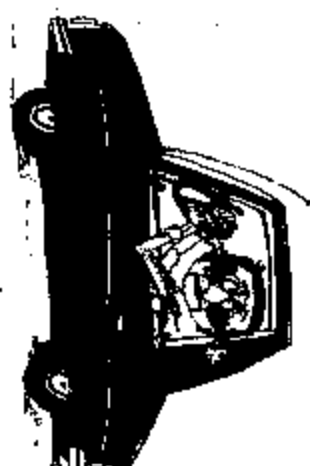
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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PHOENIX AZ 850  
OCT 05 PM 11

THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).