



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

2006 JAN -4 PM 2:54
02-DEC-2005

Repository ☐

Reference No.

10144230

OWNER INFORMATION (Type or Print)

Name

Address

City

CARDINGTON

State OH

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 authorized signature, provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 12/9/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C3EL46X0BN

Make

CHRYSLER

Model

SEBRING

Model Year

2006

Date Purchased

Dealer's Name and Telephone Number

ENTERPRISE RENTAL 740-388-3375

Engine

No. Cylinders 6

Fuel Type

Gas

Original Owner

Dealer's City

MARION

State

OH

Zip Code

43302

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-NOV-2006

Failure Mileage

5422

Failure Speed

40 mph

ENTERPRISE SAID THAT THEIR MECHANIC
SAID I MISSED HITTING THE SENSOR
BOTTOM, BUT BUMP WAS IMBEDDED IN DIRT OVERLY

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/66R15)

DOT No. (Example: DOTM18ABCD038)

☐ 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

1

Number of Deaths

Reported to Police

Y

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 STATED VEHICLE SHE RAN OFF THE ROAD AND CRASHED H INTO DIRT. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED FACIAL CUTS AND BRUISING, A FRACTURED FOOT, AND TEETH CAME OUT. THIS WAS A RENTAL VEHICLE. A POLICE REPORT WAS TAKEN. *AK

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 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.

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

and was hanging off, I hit the ditch @ about 40 mph, AER bags NEVER deployed if it wasn't for the seatbelt I would probably be DEAD. I did have facial DAMAGE from hitting steering wheel before the SEATBELT pulled me back, I lost a few teeth, I received seven stitches UNDER CHIN, FACIAL BRUISING and multiple fractures of the LEFT FOOT and may possibly need surgery on my foot but won't know until I see a specialist on the 27th. I know that if the AER BAGS had deployed I would NOT HAVE received ANY OF THE FACIAL DAMAGE AND MAYBE NO FOOT DR

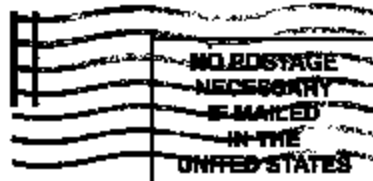
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Administration

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

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 75178 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, NYS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
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DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON**

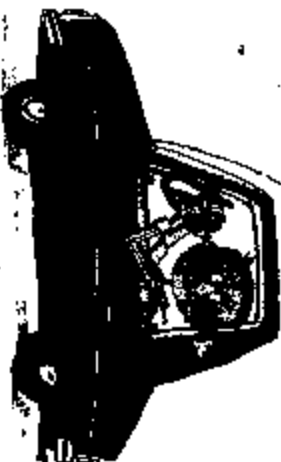
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and dial toll free at

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