U.S. Department of Transportation

National Highway Traffic Safety Administration

SEP 10 2009

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	Repository ☐
09-JUL-2009	Reference No. 10276240

OWNER INFORMATION (Type or Print)

Name [redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City SANTA ROSA / State CA / Zip Cod [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ *YES* ☒ *NO*
In the absence of an a[redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 08/15/2009

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3C3EL45H3YT[redacted]	CHRYSLER	SEBRING	2000

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
June	Hertz rent a car	707-528-0834	No: Cylinders	unleaded
Original Owner ☐	Dealer's City: Santa Rosa.	State: Ca. Zip Code: 95404		

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-JUN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS	Failure Mileage 85000	Failure Speed 0

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL*THE CONTACT OWNS A 2000 CHRYSLER SEBRING. THE CONTACT STATED THAT THE SAFETY BELT CABLE FAILED ON THE VEHICLE. AS A RESULT, THE SEAT BELT WOULD NOT LATCH. THE DEALER STATED THAT THE FAILURE WAS DUE TO NATURAL WEAR AND TEAR ON THE VEHICLE; THEREFORE, THEY WOULD NOT ASSUME RESPONSIBILITY FOR THE REPAIRS. THE REPAIR WOULD COST OVER $200. THE VEHICLE HAS NOT BEEN REPAIRED. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE LESS THAN 85,000.

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