

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved; O.M.B. No. 2127-0008

 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	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: REDDING State: CA Zip Code: [REDACTED]		Date Received: 03-NOV-2011 NOV 1 - 2011 Repository: ☐ Reference No.: 10434087		Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED] Evening Telephone Number: [REDACTED]	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3C3EL45H7X [REDACTED]		Make: CHRYSLER		Model: SEBRING	
Date Purchased: [REDACTED]		Dealer's Name and Telephone Number: Crown Motors		Engine: No: Cylinders	
Original Owner: ☐		Dealer's City: Redding State: CA Zip Code: 96001		Fuel Type: [REDACTED]	
Transmission Type: ☐ Antilock Brakes ☐ Cruise Control		Powertrain: [REDACTED]		Multiple Failure: [REDACTED]	
				Incident Date(s): 20-OCT-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 150000 SEAT BELTS				Failure Mileage: 164,040 139,480	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make: [REDACTED]		Tire Model (Name or Number): [REDACTED]		Tire Size (Example P215/65R15): [REDACTED]	
DOT No. (Example: DOTM19ABC036): [REDACTED]		☐ Original Equipment ☐ Prior Repair		Failure Location: [REDACTED]	
Tire Component Code: [REDACTED]				Tire Failure Type: [REDACTED]	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: [REDACTED]		Date Manufactured: [REDACTED]		Model No./Name: [REDACTED]	
Seat Type: [REDACTED]		Installation System: [REDACTED]		Child Seat Component Code: [REDACTED]	
Failed Part: [REDACTED]					
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: [REDACTED]	
				Number of Deaths: [REDACTED]	
				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).					
TL* THE CONTACT OWNS A 1999 CHRYSLER SEBRING. THE CONTACT STATED THAT THE SEAT BELTS WOULD NOT DETACH FROM THE HOOK AND AT TIMES, THE SEAT BELT WOULD NOT RETRACT. THE DEALER AND THE MANUFACTURER WERE NOTIFIED, BUT DENIED ANY ASSISTANCE WITH REPAIRS TO THE VEHICLE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 164,040 AND THE CURRENT MILEAGE WAS 165,000. Current Mileage is 139,500.					
The Seatbelts will not come out of the seats they are completely electricly stuck inside the seats. This is a definite safety issue as I have 2 children.					
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.					



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report in the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ