

MAY 22 2015

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| <br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                         |                                                                                      | FOR AGENCY USE ONLY 100148          |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | Date Received<br><br>30-MAR-2015    | Repository <input type="checkbox"/><br><br>Reference No.<br>10702694 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                     |                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                     |                                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                     |                                                                      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SPRING HILL College Park                                                             | State                               | MD                                                                   |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                     |                                                                      |
| <small>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).</small>                                                                                                                                                                                                                                                                   |                                                                                      |                                     |                                                                      |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                     |                                                                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>3C3EL55H7XT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | Make<br>CHRYSLER                    | Model<br>SEBRING CONVERTIBL                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | Model Year<br>1999                  |                                                                      |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dealer's Name and Telephone Number                                                   |                                     | Engine:<br>No: Cylinders                                             |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's City                                                                        | State                               | Zip Code                                                             |
| Transmission Type<br><input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | Powertrain                          | Fuel Type:<br>regular unleaded                                       |
| Multiple Failure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | Incident Date(s)<br>23-MAR-2015     |                                                                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                     |                                                                      |
| Vehicle Component Code: 020000 SUSPENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Failure Mileage<br>129000           | Failure Speed<br>15                                                  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                     |                                                                      |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tire Model (Name or Number)                                                          |                                     | Tire Size (Example P215/65R15)                                       |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location: Silver Spring Md. |                                                                      |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | Tire Failure Type:                  |                                                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                     |                                                                      |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date Manufactured:                                                                   | Model No./Name:                     |                                                                      |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Installation System:                                                                 |                                     |                                                                      |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Failed Part:                                                                         |                                     |                                                                      |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                     |                                                                      |
| <small>(Please describe the incident(s), crash(es), and injury(ies).)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                     |                                                                      |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured<br>0      | Number of Deaths<br>0                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | Reported to Police<br>N             |                                                                      |
| <b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br>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 CONVERTIBLE. WHILE DRIVING APPROXIMATELY 15 MPH, THE FRONT END OF THE VEHICLE COLLAPSED TO THE GROUND. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE TECHNICIAN DIAGNOSED THAT THE FRONT DRIVER'S SIDE LOWER BALL JOINT AND AXLE FRACTURED. THE VEHICLE WAS NOT REPAIRED. THERE WAS A RECALL UNDER NHTSA CAMPAIGN NUMBER: 09E056000 (SUSPENSION) HOWEVER, THE RECALL EXPIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE ISSUE. THE APPROXIMATE FAILURE MILEAGE WAS 129,000. THE VIN WAS UNAVAILABLE.                                           |                                                                                      |                                     |                                                                      |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                     |                                                                      |
| <small>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.</small> |                                                                                      |                                     |                                                                      |

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE,  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

FL 335

14 MAY '15

PM 4 L



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

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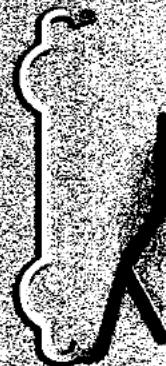
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**[www.safercar.gov](http://www.safercar.gov)**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



SAFETY Recall Questionnaire (VOC)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

To whom it may concern,

I own a 1999 Sebring Convertible, Vin Number 3C3EL55H7XT [REDACTED] One afternoon I was traveling in the car. As I entered a roundabout veering left, going around 15 mph, the right front wheel came off!! It was towed to a mechanic costing \$150, and then towed back to my home for an additional \$100. It was determined the ball joint broke and then the axle pulled out of the gear box.

I should not have to pay to get these repairs done. I could have lost my life and taken others with me. There could have been lawsuits and negative publicity that would have damaged the corporation's reputation. Questions would be asked such as "Why weren't national ads placed in all the media to alert Sebring owners of this dangerous recall?" My father and my fathers father were dyed in the wool Chrysler owners. Our family would own no other brand. Now it appears our blind faith could have gotten us killed.

I hope Chrysler does the right thing and pays for this damage. I was very traumatized by the experience. I'm working on some very important things. I may have never accomplished my goals because Chrysler chose not to do all they could to assure all Sebring owners affected were notified of the recall.

Sincerely, [REDACTED]  
[REDACTED]