


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 136B	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 21-OCT-2002 OFFICE OF INVESTIGATION	
VENEDOCIA OH		Od or rt dt od rt up_tr Reference No. 8021241	
Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an owner's signature, please print name and address to the vehicle manufacturer.		Name Number State Number	
Signature of Owner		Date 11/05/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located on dashboard or windshield on driver's side)</small>	Manufacturer	Vehicle Model	Vehicle Year
PLEASE PROVIDE 3C3EL45H2T 25497	CHRYSLER	SEBRING	1997
Current Odometer Reading	Purchase Date		Current Odometer Reading
106,800	9-29-97		106,800
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name St Marys C.O.J.		<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
City St Marys	State Ohio	Zip Code 45885	No Cylinders 6
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other COMFORTABLE		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12110000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously
	10-OCT-2002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 106800		
	Vehicle Speed at Failure(s) 50		
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	
Estimated Property Damage	Reported to Police		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES THAT WHEN HIT AT 50 MPH IN THE FRONT RIGHT OF THE VEHICLE THE AIR BAG DID NOT DEPLOY CAUSING MINOR INJURIES TO THE CONSUMER. DEALER NOTIFIED. MR My car hit gear that ran a stop sign. We were both traveling in excess of 50 mph. I hit the car in the driver's door. Damaging the front of my car. My car was a total loss. The whole front of my car was pushed back 4-5". Neither air bag deployed. There was slightly more damage to left front, than right. (over)			
CONTINUE ON BACK IF NEEDED			
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)

THERE WAS A 40 POUND BAG OF SUGAR SAIT IN TRUNK. THE IMPACT BURST ONE BAG. THESE ARE IN HEAVY PLASTIC.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



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<http://www.nhtsa.dot.gov/hotline>

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(DASH) 2 DOT

1-888-327-4236

1-888-DASH-2-DOT

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**

**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).**