Form Approved: O.M.B. No. 2127-0029

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 119

Date Received: 20-MAR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 858835

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE	CHRYSLER	SEBRING	1998	

Purchase Date
☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12112100	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s)_____ Mileage at Failure(s)_____ Vehicle Speed at Failure(s)_____	☐ Yes ☐ No	☐ Yes ☐ No

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	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 35 MPH CONSUMER WAS INVOLVED IN A HEAD-ON COLLISION. UPON IMPACT, NEITHER DRIVER'S SIDE NOR PASSENGER SIDE AIR BAG DEPLOYED. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK IF NEEDED

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 (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 119
Date Received 00 APR -5 PM 3:06
20-MAR-2000
OFFICE DEFECTS INVESTIGATION
Od_or
rt_dt
od_rt
sp_ltr
Reference No. 858835

OWNER INFORMATION (Type or Print)

[redacted] 597365

Work Number [redacted]
Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [redacted] *de your name and address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 3/27/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOT AVAILABLE 3C3EL55HXWT306901	CHRYSLER	SEBRING JXI	1998	30,000

Purchase Date 7/99 ☒ New ☒ Used
Dealer's Name Town and Country
City Milwaukie State OR Zip Code
Engine Size (CID/CC/L)
No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ~~☒ No~~	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ult ☐ Truck ☐ Motorcycle	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other Convertible

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12112100	INTERIOR SYSTEMS:PASSIVE RESTRANT:AIR BAG:~~SIDE DOOR~~	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s) 11-3-99 Mileage at Failure(s) 25,000 Vehicle Speed at Failure(s) 35-40 mph	☐ Yes ☒ No	☐ Yes ☒ No

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	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	4500	☒ Yes ~~No~~

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 35 MPH CONSUMER WAS INVOLVED IN A HEAD-ON COLLISION. UPON IMPACT, NEITHER DRIVER'S SIDE NOR PASSENGER SIDE AIR BAG DEPLOYED. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.* SIZE

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I WAS TRAPPED INSIDE MY CAR. DRIVERS DOOR HAD JAMMED. Left Fender (Front) HAD to Be Replaced. Bumper WAS Split in HALF.

When Fireman Approached my Car. He Asked me Why the AIRBAGS did not deploy? HE SAID That they Should of Police Also Connected an Airbag.

I Also Believe my AIRBags Should of deployed I Hit the other Vehicle with A tremendous force.

*U.S. Government Printing Office: 1995 — 622-380

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use $300

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PM
25 MAR
2000

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Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590