

U.S. Department  
of TransportationNational 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 558

Date Received

25-MAY-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

862588

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) _____ <small>(located at front of windshield or drivers side)</small>	Vehicle Make <b>CHRYSLER</b>	Vehicle Model <b>SEBRING</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01000000	Par. Name(s) <b>STEERING</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>01-MAY-2000</u> Mileage at Failure(s) <u>54000</u> Vehicle Speed at Failure(s) <u>50</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**CONSUMER STATES THAT THE BACK LATTERAL WENT OUT, THAT IT SNAPPED IN HALF. THE DEFECT MADE CONSUMER LOSE CONTROL OF HER STEERING WHEEL AND RAN INTO A DITCH. DEALER REFERRED CONSUMER TO CALL HOTLINE**

CONTINUED ON BACK (REVERSE)

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.

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**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) <small>(located at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHRYSLER	SEBRING	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input 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 01000000	Par. Name(s) STEERING	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 01-MAY-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 54000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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