

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

130

Date Received

12-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865275

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 bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHRYSLER	SEBRING	1997	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12200000	Part Name(s) INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B	Location	Failed Part(s)
		<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) _____ Mileage at Failure(s) 40600 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

RATCHET MECHANISM WITHIN THE PASSENGER SIDE NEW DESIGNED SEATBELT HAS FAILED, CAUSING SEATBELT TO BE INOPERATIVE. SEATBELT COMES FROM THE ACTUAL SEAT.*AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 160 Date Received: 00 AUG - 3 PM 3:07 12-JUL-2000 OFFICE OF SAFETY INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 620053</p>			<p>Reference No. 865275</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>			<p>Signature of Owner _____ Date 7/1/00</p>		
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 3C3EL4587VT61956</p>		<p>Vehicle Make CHRYSLER</p>	<p>Vehicle Model SEBRING</p>	<p>Vehicle Year 1997</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p>	<p>Dealer's Name</p>		<p>Engine Size (CID/CC/L) 2.5L</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	<p>No Cylinders 6</p>
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input type="checkbox"/> Sport Utl <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 checked="" type="checkbox"/> Other CONV.</p>		
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 12200000</p>	<p>Part Name(s) INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B</p>		<p>Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures 1</p>	<p>Date(s) of Failure(s) 7/2000 Mileage at Failure(s) 43000 Vehicle Speed at Failure(s) 0</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage 0</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>RATCHET MECHANISM WITHIN THE PASSENGER SIDE NEW DESIGNED SEATBELT HAS FAILED, CAUSING SEATBELT TO BE INOPERATIVE. SEATBELT COMES FROM THE ACTUAL SEAT.*AK</p> <p>Have found several of the cars (Sebring Conv) that have inoperative belts (when test driving). Seems like a common problem & since it inside seat, very expensive.</p>					
CONTINUE ON BACK IF NEEDED					
<p>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.</p>					



HATTIE'S UPHOLSTERY, INC.

703 Railroad Avenue
Tallahassee, FL 32304
(850)224-0053

INVOICE 70411

[Redacted Area]

DATE 7-7-00
YOUR ORDER NO.

QJANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<p>Check 3001 on Post Side</p> <p>CP # 946202 1/1/00 \$31.15</p> <p>THERE WILL BE A \$5.00 PER DAY STORAGE CHARGE FOR ANY MERCHANDISE LEFT AFTER 30 DAYS</p>		35.00

Thank You

TAX
TOTAL

2.45
37.45



Parts (850) 576-7121 Phone (850) 5-5-4111
800-576-3266

CUST NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
11				CRED CD	REGINALD E WILDE	07/14/00	39714 DOR
CASH SALE CUSTOMER							

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	DN	LIST	NET	AMOUNT
1	0	PW6CSC3 SEAT BELT 23049001	SOP	95.03	76.02	76.02
2	0	4863942 SCREW NON 23043027	SCP	3.04	2.43	4.86
2	0	4874195 NUT NONE 23043025	SOP	3.71	2.97	5.94
						86.82
						TAX 6.08
						FREIGHT 0.00
						92.90

JUL 14 2000

THIS IS NOT A VALID RECEIPT WITHOUT THE TICKET. IT IS VALID ON SPECIAL ORDERS AND RETURNS AFTER 30 DAYS. HANDLING CHARGES OR DELIVERY CHARGES WILL BE ADDED TO THE TOTAL. RETURNS ON PURCHASES WITHIN 30 DAYS ARE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALL RETURNS MUST BE IN ORIGINAL PACKAGING AND UNUSED. 2. ALL RETURNS MUST BE ACCOMPANIED BY THE ORIGINAL INVOICE AND A RETURN LABEL. 3. ALL RETURNS MUST BE RECEIVED WITHIN 30 DAYS OF THE ORIGINAL INVOICE DATE. 4. ALL RETURNS MUST BE RECEIVED WITHIN 30 DAYS OF THE ORIGINAL INVOICE DATE. 5. ALL RETURNS MUST BE RECEIVED WITHIN 30 DAYS OF THE ORIGINAL INVOICE DATE.

CALL ROB, LEX, REGGIE, BUDDY OR BILL
13:16:44 CUSTOMER COPY

FOR ALL OF YOUR PARTS NEEDS!

PARTS INVOICE