

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

241

Date Received

31-JUL-2000

Od\_or

rt\_dt

od\_rt

up\_ltr

Reference No.

866456

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.)<br><small>(located at front of vehicle or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3C3EL55H6YT215703                                                                          | CHRYSLER     | SEBRING       | 2000         |                          |

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

|                                                                                                    |                                                                                                   |                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><br><input type="checkbox"/> No | Restraint System<br><br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver's Side Airbag<br><input type="checkbox"/> Passenger's Side Airbag<br><input type="checkbox"/> Motorized<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><br><input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                              |                                                                                                                                                    |                                                                                                 |
|-----------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Component<br>12240000 | Part Name(s)<br>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS                           | Location<br><br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Dates of Failure(s) 26-APR-2000<br>Mileage at Failure(s) 4000<br>Vehicle Speed at Failure(s) | Failed Part(s) Available?<br>  Yes   No                                                                                                            | NHTSA Previously Contacted?<br>  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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

DRIVER'S SEAT BELT WILL NOT RETRACT PROPERLY, LEAVING OCCUPANT WITHOUT ANY RETRAINT IF NEEDED. DEALER NOTIFIED, AND IS AWAITING ON PART SINCE THE ABOVE INCIDENT DATE. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*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.



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00 AUG 17 PM 2:09

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OFFICE

DEFECTS INVESTIGATION

Od\_or

rt\_dt

od\_rt

up\_hr

Reference No.

866456

## OWNER INFORMATION (Type or Print)

624140

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☐ YES☐ NO

In the absence of your signature, please provide your name and address to the vehicle manufacturer.

Signature of

Date 8/13/00

## VEHICLE INFORMATION

|                                                                             |                                         |                                                                                                        |                        |                                         |                                                                           |
|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) |                                         | Vehicle Make                                                                                           | Vehicle Model          | Vehicle Year                            | Current Odometer Reading                                                  |
| 3C3EL55H6YT216703                                                           |                                         | CHRYSLER                                                                                               | SEBRING                | 2000                                    | 6316                                                                      |
| Purchase Date                                                               | Dealer's Name                           |                                                                                                        | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo          | <input type="checkbox"/> Diesel                                           |
| Sept 1999                                                                   | Hartage Auto Group                      |                                                                                                        | L                      | <input checked="" type="checkbox"/> Gas | <input checked="" type="checkbox"/> Fuel Injection                        |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used       | City                                    | State                                                                                                  | Zip Code               | No Cylinders                            |                                                                           |
|                                                                             | Balto                                   | Md                                                                                                     | 21234                  | 6                                       |                                                                           |
| Transmission Type                                                           | Antilock Brakes                         | Restraint System                                                                                       |                        | Cruise Control                          | Drive Train                                                               |
| <input type="checkbox"/> Manual                                             | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt                    |                        | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Front                                 |
| <input checked="" type="checkbox"/> Automatic                               | <input type="checkbox"/> No             | <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt |                        | <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Rear                                             |
|                                                                             |                                         | <input checked="" type="checkbox"/> Passengerside Airbag                                               |                        |                                         | <input type="checkbox"/> 4-Wheel                                          |
|                                                                             |                                         |                                                                                                        |                        |                                         | Vehicle Type                                                              |
|                                                                             |                                         |                                                                                                        |                        |                                         | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UT |
|                                                                             |                                         |                                                                                                        |                        |                                         | <input type="checkbox"/> Van <input type="checkbox"/> Truck               |
|                                                                             |                                         |                                                                                                        |                        |                                         | <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle      |
|                                                                             |                                         |                                                                                                        |                        |                                         | <input type="checkbox"/> Other                                            |
|                                                                             |                                         |                                                                                                        |                        |                                         | Body Style                                                                |
|                                                                             |                                         |                                                                                                        |                        |                                         | <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)                                                      |
| 12240000       | INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS | <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right | <input checked="" type="checkbox"/> Original                        |
| Sept F/BCH     | Wrong Seat Back + Seat Belt                          | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Replacement                                |
| No of Failures | Date(s) of Failure(s)                                | Failed Part(s) Available?                                               | NHTSA Previously Contacted?                                         |
| 0              | 26-APR-2000                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                | Mileage at Failure(s)                                |                                                                         |                                                                     |
|                | 4000                                                 |                                                                         |                                                                     |
|                | Vehicle Speed at Failure(s)                          |                                                                         |                                                                     |
|                |                                                      |                                                                         |                                                                     |

## 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)

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The seat-belt does work. I was told by dealer that the one installed is a rear seat belt. It lays on side of seat back and when closing door, it jams between seat back and door punching holes in seat back.

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