

 <p align="center"><b>DOT Auto Safety Hotline</b></p> <p align="center"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p align="center">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p align="center"><b>FOR AGENCY USE ONLY</b> 758</p>	
<p>U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b></p>		<p>Date Received <b>26-DEC-2000</b></p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>
<p align="center"><b>OWNER INFORMATION (Type or Print)</b></p>		<p>Reference No. <b>876959</b></p>	
<p>[Redacted] <b>662934</b></p>		<p>Work Number [Redacted] Home Number _____</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 _____</p>		<p>Date ____/____/____</p>	
<b>VEHICLE INFORMATION</b>			
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>4C3AU42N2VE12877</b></p>	<p>Vehicle Make <b>CHRYSLER</b></p>	<p>Vehicle Model <b>SEBRING</b></p>	<p>Vehicle Year <b>1997</b></p>
<p>Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name _____ City _____ State _____ Zip Code _____</p>	<p>Engine Size (CID/CC/L) _____ No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Del <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
<p>Component <b>07380000</b></p>	<p>Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND L</b></p>	<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <b>18-DEC-2000</b> Mileage at Failure(s) <b>42000</b> Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>APPLICATION INCIDENT INFORMATION</b> (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 _____</p>	<p>Number of Fatalities _____</p>
<p>Estimated Property Damag _____</p>		<p>Reported to Polit _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<p><b>VEHICLE HAD BEEN RUNNING SLUGGISH. TOOK VEHICLE TO DEALER WHO FOUND TRANSMISSION LINES WERE LEAKING. *AK</b></p>			
<p>CONTINUE ON BACK IF NEEDED</p>			
<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>			

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758	
OWNER INFORMATION (Type or Print)		682934		Date Received FEB 21 2001 26-DEC-2000 OFFICE OF DEFECTS INVESTIGATION	Od or re_dt od_rt up_lr
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reference No. 878959	
Signature of Owner		Date 01/10/01		Work Number	
				Home Number Same	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 4C3AU42N2VE12877		Vehicle Make CHRYSLER	Vehicle Model SEBRING	Vehicle Year 1997	Current Odometer Reading 42699
Purchase Date MAY, 1997	Dealer's Name Falvey Motors		Engine Size (CID/CC/L) No Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
City Norwich	State CT	Zip Code 06360-9999	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Seat <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag
Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 073B0000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND L		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures	Date(s) of Failure(s) 18-DEC-2000		Mileage at Failure(s) 42000	Vehicle Speed at Failure(s) 0mph (stopped)	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No had to order
					NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" 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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>VEHICLE HAD BEEN RUNNING SLUGGISH, TOOK VEHICLE TO DEALER WHO FOUND TRANSMISSION LINES WERE LEAKING. *AK would <del>start</del> hesitate (when at a complete stop, then would kick in and buck before moving, (also had problems with the sensors. One was covered under the warranty, the other one I had to pay for).</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>					