



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 936

Date Received

20-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

883569

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4C3AU52N6XE114678	CHRYSLER	SEBRING	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 01300000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT, STEERING: POWER ASSIST	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date(s) of Failure(s) C9-FEB-2001 33000 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	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)

WHILE TRAVELING AT 30 MPH ON ICY ROAD CONDITION VEHICLE SPUN OUT OF CONTROL AND LANDED FACING WEST, WHEN A 18 WHEELER HIT CONSUMER AT ABOUT 65 MPH, AND NONE OF AIRBAGS DEPLOYED.*AK

COPIES OF THIS FORM ARE:

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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Date Received: 20-MAR-2001

Reference No: 883669

Work Number: [Redacted]

Home Number: [Redacted]

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

681423 [Redacted]

VEHICLE INFORMATION

Vehicle Identification No. (VIN) [Redacted]

Vehicle Make: CHRYSLER

Vehicle Model: SEBRING

Vehicle Year: 1999

Current Odometer Reading: 33,700

Signature of Owner: [Redacted]

Date: 3/30/01

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 print your name and address to the vehicle manufacturer.

VEHICLE INFORMATION

Vehicle Ident No. (VIN) [Redacted]

Vehicle Make: CHRYSLER

Vehicle Model: SEBRING

Vehicle Year: 1999

Current Odometer Reading: 33,700

Purchase Date: [Redacted]

Dealer's Name: Mitch Crawford

City: Raytown State: MO Zip Code: [Redacted]

Engine Size: V-6 (CID/CYL)

Engine Type: Gas Diesel Turbo Fuel Injection No Cylinders: [Redacted]

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt Motorbelt Driver's Airbag Passenger's Airbag

Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Truck Motorcycle Other

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 1211000

Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location: Left Right Front Rear

Failed Part(s): Original Replacement

No of Failures: 0

Date(s) of Failure(s): 09-FEB-2001

Mileage at Failure(s): 33000

Vehicle Speed at Failure(s): 0

Failed Part(s) Available? Yes No

NHTSA previously contacted? 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: Yes No

Fire: Yes No

Number of Persons Injured: 0

Number of Fatalities: 0

Estimated Property Damage: \$1,000

Reported to Police: Yes No

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

WHILE TRAVELING AT 30 MPH ON IGY ROAD CONDITION VEHICLE SPUN OUT OF CONTROL AND LANDED FACING WEST, WHEN A 18 WHEELER HIT CONSUMER AT ABOUT 65 MPH, AND NONE OF AIRBAGS DEPLOYED. *AK

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CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page \ through Page 7)

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MITCHELL CHAMBERLAIN'S HOLIDAY MOTORS • 9209 E. STATE RITE 350 • NAYTOWN, MD. 21783-0397 • (301) 308-9300



