



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 §20

Date Received

02-APR-2001

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

Reference No.

884811

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3C3EL45H4XT602517	CHRYSLER	SEBRING	1999			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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	Date(s) of Failure(s) 13-MAR-2001 28000 Mileage at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAGS FAILED TO DEPLOY WHEN VEHICLE WAS INVOLVED IN A CRASH. CONSUMER WAS FORCED INTO A TELEPHONE POLE, TRAVELING AT AN UNKNOWN SPEED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUED ON 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.



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

684021

Work Number
Home Number

Reference No.
884811

Date Received
02-APR-2001

FOR AGENCY USE ONLY 920

Signature of Owner

In the absence of owner, signature of manufacturer.

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]

Vehicle Make

CHRYSLER

Vehicle Model

SEBRING

Vehicle Year

1999

Current Odometer Reading

99,000

Purchase Date

6 - 1999

Dealers Name

Kumar Sales & Service

City

St. Clair

State

MI

Zip Code

48079

Engine Size (CID/CYL)

No Cylinders

6

Fuel Injection

Turbo

Diesel

Gas

Fuel Injection

Transmission Type

Automatic

Manual

Restraint System

3-Point Belt

2-Point Belt

Driver's Side Airbag

Passenger's Side Airbag

Drive Train

Front

Rear

4-Wheel

Cruise Control

Yes

No

Vehicle Type

Car

Van

Minivan

Other

Motorcycle

Truck

Sport Util.

Convertible

Body Style

2-Door

4-Door

Stationwagon

Pick Up Truck

Other

Component

12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

No of Failures

13-MAR-2001

Date(s) of Failure(s)

Mileage at Failure(s)

28000

Vehicle Speed at Failure(s)

40 mph - 42

Failed Part(s)

Available?

Yes

No

Failed Part(s)

Original

Replacement

Replaced

Previously

Contacted?

Yes

No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) or the back of this form)

Crash

Yes

No

Fire

Yes

No

Number of Persons Injured

1 - Person injured

Stolen or Retained

Yes

No

Number of Failures

1

Estimated Property Damage

14,519.00

Reported to Police

Yes

No

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

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CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

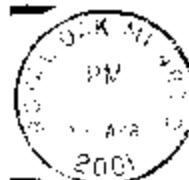
I am so concerned that this vehicle went right out of the showroom, that both airbags did not deploy. Once this vehicle is gone what becomes of it? It was totaled out! Will they try & fix it up & sell to some unsuspecting person. I may have to seek litigation from Chrysler

☆ U.S. G.P.O.: 1982 - 623-887 / 80388

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

