



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 758**

Date Received

11-JUN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

890100

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
4C3AU52N6VE107405	CHRYSLER	SEBRING	1997			
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 checked="" 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) 06-JUN-2001 48000 Mileage at Failure(s) 10	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	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 DRIVING ABOUT 10 MPH ANOTHER VEHICLE CUT IN FRONT OF CONSUMER, HITTING CONSUMER'S VEHICLE ON PASSENGER'S FRONT AT 30 MPH. NEITHER AIRBAG DEPLOYED. CONSUMER NOT INJURED. \$ AMOUNT OF DAMAGE TO VEHICLE UNKNOWN AT THIS TIME. PLEASE PROVIDE ADDITIONAL COMMENTS.

\*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.



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

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

**DEFECTS INVESTIGATION**  
 11-JUN-2001  
 01 JUN 11 PM 03  
 Date Received: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Reference No. 890100

OWNER INFORMATION (Type of Print)

696370

Work Number  
 Home Number

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

In the absence of an authorized NHTSA mail, NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/2/01

Vehicle Ident. No. (VIN) 4C3AU52N6VE107405	Vehicle Make CHRYSLER	Vehicle Model SEBRING	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name	City	State	Zip Code	Engine Size (CID/CCL)	No Cylinders 6	Fuel Injection	Turbo	Diesel	Gas
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Transmission Type	Manual <input type="checkbox"/> Automatic <input checked="" type="checkbox"/>	Restraint System	2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Passenger's Side Airbag <input checked="" type="checkbox"/>	Cruise Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Sport Utr <input type="checkbox"/> Truck <input type="checkbox"/> Motorcyc <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Component 12111000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONTA	Location	Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Year	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
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No of Failures	Date(s) of Failure(s) 08-JUN-2001	Mileage at Failure(s) 48000	Vehicle Speed at Failure(s) 10	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0
Number of Fatalities		Estimated Property Damage	54900	Reported to Police	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

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

WHILE DRIVING ABOUT 10 MPH ANOTHER VEHICLE CUT IN FRONT OF CONSUMER, HITTING CONSUMER'S VEHICLE ON PASSENGER'S FRONT AT 30 MPH, NEITHER AIRBAG DEPLOYED. CONSUMER NOT INJURED. \$ AMOUNT OF DAMAGE TO VEHICLE UNKNOWN AT THIS TIME. PLEASE PROVIDE ADDITIONAL COMMENTS. \*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of '874-Public Law 95-578 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.