



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-JUN-2001

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

890752

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3C3EL45HXXT553887	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 checked="" 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 08540000 07300000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT POWER TRAIN:TRANSMISSION:AUTOMATIC	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) 07-JUN-2001 Failure(s) 43800 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 type="checkbox"/> Yes <input checked="" 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)

ENGINE CHECK LIGHT CAME ON AND STAYED ON FOR ONE DAY. VEHICLE WAS STUCK IN FIRST GEAR. CONSUMER TOOK VEHICLE TO DEALER. DEALER STATED THAT COMPUTER BOARD WAS LOCATED TOO CLOSE TO ENGINE, CAUSING COMPUTER BOARD TO OVERHEAT AND BURN OUT. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

CONTINUE 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.

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CONTAINS ON BACK IF NEEDED

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6/18/01  
 45344  
 To Hi-Tech Transmission  
 3 Long MA  
 (435) 25-1710

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

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Persons Injured	0
Number of Fatalities	0
Estimated Property Damage	
Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

**APPLICATION INCIDENT INFORMATION**

No of Failures	0
Date(s) of Failure(s)	07-JUN-2001
Mileage at Failure(s)	43300
Vehicle Speed at Failure(s)	0
Failed Part(s)	Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Component	08540000
Part Name(s)	ELECTRICAL SYSTEM:IGNITION/ELECTRONIC CONTROL UNIT
Location	Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/>
Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>
Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Articlock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Restraint System	3-Point Belt <input type="checkbox"/> Motorbet <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/>
Cruise Control	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>
Vehicle Type	Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport Utl <input type="checkbox"/>
Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>

Purchase Date	3-21-00
Dealers Name	MEDETRIOS GASMOBILE INC
City	GROFIELD CT
State	CT
Zip Code	06082
Vehicle Ident No (VIN)	3C3EL45HXXT553887
Vehicle Make	CHRYSLER
Vehicle Model	SEBRING
Vehicle Year	1999
Current Odometer Reading	44,550

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

Signature of Owner: [Redacted]

Date: 7/1/01

Home Number	[Redacted]
Work Number	[Redacted]
697890	
OWNER INFORMATION (Type or Print)	
U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>Vehicle Owner's Questionnaire (VOQ)</b> RECEIVED 01 JUL 2001 DEFECTS INVESTIGATION REFERENCE NO. 89075810N	
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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)

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