



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

28-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897053

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) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN PLEASE	CHRYSLER	SEBRING CONVE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06430000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) 30-AUG-2001 85000 Mileage at Failure(s) 50	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag 0	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING APPROXIMATELY 50 MPH VEHICLE SUDDENLY ACCELERATED TO 75 MPH, AND LOST CONTROL. VEHICLE CRASHED INTO THE TRAFFIC BARRIERS APPROXIMATELY THREE TIMES BEFORE STOPPING. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ACCELERATOR CABLE FRAYED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920 Date Received PM 12:18 28-SEP-2001 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 717893				Reference No. 897053	
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's manufacturer.				YES ☒ NO ☐	
Signature of Owner [Redacted]				Date 10/10/01	
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 3C3EL55H XT 306658		Vehicle Make CHRYSLER		Vehicle Year 1996	
Purchase Date 7/5/96 ☒ New ☐ Used		Dealers Name O'Hara's City Falmouth State MA Zip Code _____		Current Odometer Reading 86,000	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Over-side Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	
Vehicle Type ☐ Car ☐ Sport Util ☐ 2-Door ☐ Van ☐ Truck ☐ 4-Door ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other ☒ Convertible ☐ Pick Up Truck		FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06430000		Part Name(s) FUEL THROT. LE LINKAGES: ACCELERATOR: FLEXIBLE		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No of Failures 1		Date(s) of Failure(s) 30-AUG-2001 Mileage at Failure(s) 85000 Vehicle Speed at Failure(s) 50		Failed Part(s) ☒ Original ☐ Replacement NHTSA Previously ☐ 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 18500.00		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE TRAVELING APPROXIMATELY 50 MPH VEHICLE SUDDENLY ACCELERATED TO 75 MPH, AND LOST CONTROL. VEHICLE CRASHED INTO THE TRAFFIC BARRIERS APPROXIMATELY THREE TIMES BEFORE STOPPING. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ACCELERATOR CABLE FRAYED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK					
CONTINUE ON BACK IF NEEDED					
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