

 <p>United States Department of Transportation</p>	<p>AUTO SAFETY HOTLINE CHILD SAFETY SEAT QUESTIONNAIRE</p>
<p>National Highway Traffic Safety Administration</p>	<p>NATIONWIDE 1-800-424-9393  DC METRO AREA (202) 366-0213 </p>

To complete this information online go to:

<http://www.nhtsa.gov/cars/problems/childseat/childseat.cfm>

Form Approved: O.M.B. No. 2127-0008

Please provide your name, address, and phone number, as well as specific details about your child safety seat and the problems you encountered with it. We would like to have a telephone number where you can be reached or where we can leave a message. This is necessary to obtain more detailed information when required for our investigative efforts. You may want to have your child safety seat handy as you proceed through the several screens of the questionnaire. Required information is marked with *.

OWNER INFORMATION

* First Name: MI:

* Last Name:

* Address 1:

Address 2:

* City: * State: * Zip:

* Home Phone: - -

Work Phone: - - Ext:

The Privacy Act prevents release of owner information without prior authorization. In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

* Do you authorize NHTSA to provide a copy of this information to the manufacturer of your child safety seat?

CHILD INFORMATION

Age:

Height/Length:

Weight:

Any Special Information:

CHILD SAFETY SEAT INFORMATION

*** Manufacturer:**

Date Manufactured:

Model Number and Name:

Type of Child Safety Seat

- Infant
- Booster
- Integrated
- Convertible
- Other

Safety Belt System Used

- Lap Shoulder
- Both

Child Seat Location

- Front
- Rear
- Right
- Left
- Center

Purchased From:

City State

Failed Part Name (Describe failure below)

Seat Was:

- Purchased New Used
- Obtained through loaner program
- Gift
- Borrowed / /

Failed Part:

- Base
- Frame
- Other
- Harness/Straps
- Material Padding
- Shield
- Buckle/Latch

VEHICLE INFORMATION

Make of Vehicle:

Model of Vehicle:

Year of Vehicle:

INCIDENT INFORMATION (If applicable)

Crash?

- Yes
- No

Police Report Filed

- Yes
- No

Number of Injured**Number of Fatalities****DESCRIBE INCIDENT/FAILURE IN DETAIL (Please explain how the Child Seat Failed)**[Proceed to Confirm Information](#)[Help](#)

The Privacy Act of 1974 - Public Law 93-579, As Amended: *This information is requested pursuant to the authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action.*

[NHTSA's Full Privacy Statement](#)



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