



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

DOT Auto Safety Hotline

### Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY, 1988

Date Received

2003 JUN 26 AM  
18-MAY-2003

Repository

Reference No.  
70020061

#### OWNER INFORMATION (Type or Print)

Name

Address

City ODENTON

State MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA will not associate your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/15/03

#### VEHICLE INFO

Year

Model

CONCORDE

Model

2000

Date Purchased

1/22/03

Dealer's Name and Telephone Number

SHEEHY AUTO STORES 410-224-0707

Engine:

No. Cylinders 6

Fuel Type:

gasoline

Original Owner

Dealer's City

ANNAPOLIS

State

MD

Zip Code

21901

2.7 Liter 24V US

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Automatic

Vehicle Component Code

021000 SUSPENSION:FRONT

Multiple Failure: 1

went back 4 times

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

Incident Date(s)

13-MAY-2003

Failure Mileage

50634

Failure Speed

30 MPH

#### ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/60R15)

DOT No. (Example: DOTM18ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

#### ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

#### APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING THE FRONT END MADE NOISE. \*NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.