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

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	
Date Received: 2003 SEP -2 AM 10:57	Od_or ___ ___ rt_dt ___ ___ od_rt ___ ___ up_ltr ___ ___
	Reference No. 10038155

OWNER INFORMATION (Type or Print)

Name [redacted]

Street [redacted] Apt. No.

City SAN DIEGO State CA. Zip Code [redacted]

Daytime Telephone Number [redacted]

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 provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/19/2003

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
2C2FP11O8KB201026	CHRYSLER	MASERATI	1989

Purchased Date 6/1/89 ☒ New ☐ Used

Dealer's Name JACK ELLIS

Dealer's City CANOGA PARK State CA. Zip Code 91304

Engine Size (CID/CC/L) ___ No. Cylinders 4 ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☒ Automatic	☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ 3-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
A/C COMPRESSOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☒ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☒ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). A/C COMPRESSOR REPLACED BECAUSE FREON ORIGINALLY USED IS UNACCEPTABLE.

Continue on back.

Mail postage free or fax to 202-366-7882

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).