



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 1367

Date Received	Repository <input type="checkbox"/>
2003 DEC 10 10:16 NOV 2003	Reference No. 10048146

OWNER INFORMATION (Type or Print)		
Name	Daytime Telephone Number	E-mail Address
Address		
City	State	Zip Code
PALM HARBOR	FL	
	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 provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C3HD36J8YH	CHRYSLER	CONCORDE	2000
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
		6	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
	<input type="checkbox"/> Cruise Control		160000 STRUCTURE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
	46900	55	D 4805701-AB Molding H 23023022 9078b

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

A MOLDING PIECE LOCATED ON THE HOOD BY THE WINDSHIELD FLEW OFF IN TRAFFIC. THIS OCCURRED WHILE DRIVING AT 55 MPH. THE MOLDING WAS 4 1/2 FEET LONG. THE REASON FOR THE PART COMING UNATTACHED WAS UNDETERMINED. *AK
Molding 5 feet long 4 1/2 inch wide tapering down to 1/2 from center THE clips holding the molding BIGHTEN BROKE OR. DIPPED OUT AS PARTS TO CHRYSLER PART INVOICE IN CLOSED (COPY)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

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).