



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 252

Date Received  
2004 MAR -3 PM 2:44  
04-FEB-2004

Repository   
Reference No.  
10067530

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City JACKSONVILLE State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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 2/20/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2C3EL56F5R [REDACTED] Make CHRYSLER Model CHRYSLER Year 1994  
Date Purchased [REDACTED] Dealer's Name and Telephone Number MIKE SHAD (407) 512-1234  
Original Owner  Original Equipment  Prior Repair Dealer's City 1893 State FL Zip Code 32210  
Engine: FRONT DR. Fuel Type: REG  
No. Cylinders 6  
Transmission Type AUTO  Antilock Brakes  Cruise Control Powertrain AUTO  
Vehicle Component Code 162810 STRUCTURE:BODY:HOOD:HINGE AND ATTACHMENTS  
Multiple Failure: 1-2-3 TIRES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-FEB-2004 Failure Mileage [REDACTED] Failure Speed [REDACTED]  
HOOD BRACES HYDRAULIC FELL ON MY HEAD AN WIFES ARM (DID NOT CARE)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM15ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 0 Number of Deaths 0 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).

CONSUMER LIFTED UP THE HOOD TO CHECK THE OIL AND HOOD FELL ON CONSUMER'S HEAD. CONSUMER WAS NOT HURT. CONSUMER DROVE THE VEHICLE TO THE DEALER FOR INSPECTION. AND MECHANIC DETERMINED THAT HYDRAULIC BRACES SHEARED OFF. \*AK (ASKED THEM TO REPLACE THEM WITHOUT CHARGE (NO) BOTH TIMES) FOR TWO YRS MY A/C DID NOT WORK RIGHT HAD TO KEEP BRING IT BACK, FINALLY HAD FACTORY REP. COME TO LOOK AT IT AND SAID THEY HAD WRONG COMPUTER IN IT FOR THAT CAR AN HAD IT REPALED AN SAID, WE SHOULD RELIEVE, COMPENSATION. FOR OUR TROUBLE ANSWER NO!

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

They have a Tape readout, I gave from a mechanic. WITH EVERYTHING ON IT, BUT COULD NOT GET A COPY, SAID IT WAS VERY TO NONE OF MY BUSINESS! (NASTY US.)

OR OFFICE  
A DOCTORS  
HELP  
FOR  
HER

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

Car hood kept falling down on us. Cracks did not hold very long would not replace them unless we payed for them. Replaced them twice, and now are falling again.

We had constant trouble with air cond for 2 yrs we car spent more time in garage than on the road, a factory Rep came down from factory and found they had wrong computer for that car and should have known it was (bad) he had the right one put in. He requested they give us compensation for all our trouble answer (no) they have a readout of all this in computer (Mud road) ATTACH ADDITIONAL SHEETS IF NECESSARY  
(our legal counsel will) it but we want a copy of all from you to see!

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL, HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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http://www.nhtsa.gov



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DOT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
ON

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