



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: 40
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1220

Date Received	Repository <input type="checkbox"/>
12-OCT-2004	Reference No. 10096503

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: PORTLAND State: OR Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: N/A
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO OR
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1C3HD56F2TF [REDACTED]		Make CHRYSLER	Model CONCORDE	Model Year 1996
Date Purchased 7/13/03	Dealer's Name and Telephone Number Cars-2-go		Engine: No. Cylinders	Fuel Type: unleaded
Original Owner <input checked="" type="checkbox"/>	Dealer's City Portland	State OR	Zip Code 97220	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 141000 AIR BAGS:FRONTAL	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAY-2004	Failure Mileage 143000	Failure Speed
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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: DOTM19ABC036)	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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).

THE CONSUMER HIT A TREE AND THE AIR BAG DID NOT DEPLOY. ALSO, THE SEAT BELT DID NOT LOCK. THE CONSUMER HIT HIS FACE ON THE WINDSHIELD CUTTING IT. PLEASE PROVIDE ANY FURTHER INFORMATION. *JB when the car hit the tree, both frontal and side angles, and neither side air bag (Driver and passenger) ever attempted to deploy and the seat belts remained loose even after the tragic accident, I could feel no locking on my seat belt. I barely loss my life due to chrysler manufacturers defects. chrysler investigative representative came to double check the cars and rigged the devices to deny liability coverage for defects!

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 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.

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

Dana Royal and his passenger [redacted] both was injured in this severe accident and to no help of chrysler corporation we are both suffering substainable injuries that are a direct result of the manufacturers defects listed within this complaint.

Photo enclosed.

Thank you for your time,
[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

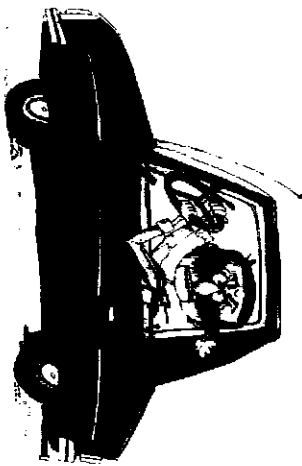
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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