

 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 100148	
		Date Received 10-JUN-2005	Repository <input type="checkbox"/>	Reference No. 10124879	Daytime Telephone Number
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
BLOOMINGTON	IN				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date 6/1/05			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
2C3EL58F4PH		CHRYSLER	CONCORDE	1993	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
13-SEP-02			No. Cylinders 6	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA		
			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
03-JUN-2005	58300				
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: DOTM16ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
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), equipment, condition, and injury(ies).)					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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).					
DT: THERE WAS A RECALL ON THE PASSENGER FUEL RAIL BECAUSE OF O-RINGS. APPARENTLY THE RECALL WAS ONLY FOR THE PASSENGER SIDE. NOW, THERE IS A CRACK ON THE DRIVER'S SIDE, IT IS LEAKING. THIS IS THE THIRD PROBLEM WITH THE FUEL RAIL. *AK					
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.					