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

2005 SEP 29 AM 4:02

FOR AGENCY USE ONLY 100148	
Date Received 16-AUG-2005	Repository ☐
	Reference No. 10133104

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City DOVER	State NJ	Zip Code [redacted]	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 [redacted] Date 07/5/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
#2C3HD[redacted]	CHRYSLER	CONCORDE	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-JUL-03	GRECCO LINCOLN AND MERCURY - MAZDA, INC.			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City DENVILLE ROUTE 10	State NJ	Zip Code [redacted]		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	221200 SEATS:FRONT ASSEMBLY:RECLINER
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-JAN-2004	50807		REQUESTS SEAT BELT RECALL TRIED TO PERFORM RECALL, PARTS MISSING ADVISED CUSTOMER WILL NEED NEW FRAME REGULATOR SEAT COST 1ST 146.25

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: DOTMAL9A3C036)	☐ Original Equipment ☐ 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, failure, crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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). PARTS MISSING FOR RECALL - I CALLED - 1413

DT: DRIVER'S SIDE SEAT RECLINER BOLTS WAS RECALLED. THE CONSUMER TOOK VEHICLE TO THE DEALER, AND THEY CHARGED CONSUMER FOR RECALL REPAIRS. THIS WAS ON 1-13-04, AND IT WA ON THAT DATE THAT CONSUMER RECEIVED THE RECALL NOTICE. THE DEALER TOLD HER THAT IT WAS BECAUSE PREVIOUSLY SOMEONE HAD TRIED TO FIX THE RECALL AND PARTS WERE MISSING. THE CONSUMER WAS NOT THE ORIGINAL OWNER OF THE VEHICLE. WHEN SHE CONTACTED THE MANUFACTURER, THEY JUST TOOK HER COMPLAINT # 12395573. SHE DID NOT HAVE THE RECALL WORK DONE WHEN SHE TOOK VEHICLE TO THE SECOND DEALER. *AK
I Salesman was told BY GRECCO SALES + REPAIR DESK THAT WINDOW NEEDED A SUPPORT + SEAL THIS WOULD COST 274.45, BUT THE WINDOW DOES WORK BUT have to go TO THE RIGHT SIDE, PUSH ON THE SWITCH AT SAME TIME QUIET THE WINDOW up so THE IT STAYS IN LINE WITH FRAME. SPOKE TO JOE AT REPAIR SHOP OFFICES

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.

Date 01...
1888-327-4234
· Called AutoSafety Hotline
Confirmation#
16133104

DAIMLERCHRYSLER

PHONE #
1888-327-4231

SAFETY RECALL TO REPLACE THE DRIVER'S SEAT RECLINER BOLTS ON YOUR VEHICLE

Dear DaimlerChrysler Vehicle Owner:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

DaimlerChrysler Corporation has determined that a defect, which relates to motor vehicle safety, exists in some **1998 through 2002 model year Dodge Intrepid, Chrysler Concorde and 300M and 1998 through 2001 model year Chrysler LHS vehicles.**

The problem is... **The driver's seat recliner bolts on your vehicle** (identified on the enclosed form) **may break. If this occurs, the seat back may suddenly recline which could cause an accident without warning.**

... CERTIFICATE

1493431

AARP MEMBER
☐ No
☑ Yes

AARP MEMBERSHIP NUMBER (IF APPLICABLE) [redacted]

STUDENT

VOLUNTEER ID # [redacted]

NAME [redacted]

MALE ☐
FEMALE ☑

ADDRESS [redacted]

BIRTHDATE MO 02 DAY 06 YEAR 1929

CITY Dover

STATE NJ

ZIP [redacted]

DRIVER'S LICENSE NO. [redacted]

DATE COURSE COMPLETED 7/22/2003

Present This Document To Your Insurance Company For Motor Vehicle Insurance Premium Reduction Where Applicable.

National Director

PRESORTED STANDARD

MAILED FROM ZIP CODE

U.S. POSTAGE 0.21

973366-1718

Told Grecco Repairs area supports & adhesive for the right window because I had sound it was not in alignment of the frame of the door.
Jan 13/04
Jan 13 at 1PM

#2

CE

Spoke to Joe to the left of

STAPLE AUTHORIZATION FORM AND PHOTO PAGE TO THIS COPY OR ENCLOSE FLOPPY DISK

NEW JERSEY

POST OFFICE BOX 9080, SMITHTOWN, NEW YORK 11787

INSURANCE INSPECTION REPORT

(THIS IS NOT A SAFETY INSPECTION)

NJH 545728

USE A BLACK OR BLUE BALL POINT PEN - PRESS FIRMLY

DATE OF INSPECTION	TIME	ADVERSE CONDITIONS	INSURANCE CO. NAME	POLICY/APPLICATION NO.	NO PHOTOS
7/23/03	2:00 AM PM	☐ DARKNESS ☐ INCLEMENT WEATHER	Liberty Mutual Ins Group	[redacted]	

INSURED	INSURED'S ADDRESS	TOWN	ZIP
[redacted]	[redacted]	Dover N.J	[redacted]

INSPECTION FIRM	INSPECTION SITE NAME	SITE LOCATION (Address)	SITE I.D. NO.
M.I.I.	Finishline Auto	71 E. Hanover Ave Morristown, N.J.	NJ 142

THREE (3) COLOR PHOTOGRAPHS MANDATORY

Take the photographs at the angles shown

1. FRONT AND DRIVER SIDE
2. REAR AND PASSENGER SIDE
3. **EPA Sticker (on Door Jamb) Showing VIN NUMBER** "EPA Photo ALWAYS Required - Even if EPA Sticker Missing, etc." CHECK BOX IF ☐ EPA Sticker Not Clear - Photo Taken ☐ EPA Sticker Missing - Photo Taken

DESCRIPTION OF VEHICLE

YEAR	MAKE	MODEL	COLOR (EXTERIOR)	STYLE	INTERIOR	FRONT SEAT COLOR(S)
99	Chrysler	Concorde	Green	☐ 2 DR. ☐ ST.WGN. ☐ MINIVAN ☐ 4 DR. ☐ HTCHBK ☐ TRUCK ☐ CONVT. ☐ VAN ☐ MOTORCYCLE ☐ OTHER ☐ SUV	☐ VINYL ☐ FABRIC ☐ LEATHER	Tan

VEHICLE IDENTIFICATION NO. (Decode Directly from Vehicle) [redacted]

LOCATION ON VEHICLE WHERE VIN OBTAINED: ☐ DASHBOARD ☐ OTHER: (Describe)

ODOMETER READING					
4	9	9	7	0	

OFFICE USE ONLY

PLATE NO.	STATE	PRINCIPAL PLACE VEHICLE IS GARAGED (City & State)	INSURANCE AUTHORIZATION FORM SUPPLIED BY INSURED
[redacted]	NJ		YES ☐ NO ☐

ACCESSORIES AND OPTIONAL EQUIPMENT

SOUND & COMMUNICATIONS SYSTEMS	PERMANENTLY INSTALLED
RADIO: ☐ AM ☐ AM/FM ☐ AM/FM/CASSETTE	☐ YES ☐ NO
☐ FACTORY INSTALLED or Brand:	
☐ STEREO AMPLIFIER SYSTEM Brand:	☐ YES ☐ NO
☒ COMPACT DISC PLAYER ☐ FACTORY INSTALLED or Brand:	☐ YES ☐ NO
☐ CB RADIO Brand: ☐ ANTENNA	☐ YES ☒ NO
☐ GPS/NAVIGATION SYSTEM	☐ YES ☐ NO
☐ RADAR DETECTOR Brand:	☐ YES ☐ NO

VEHICLE SECURITY SYSTEMS Refer To Back Of Form For Instructions — Code(s): ☐ ☐

ANTI-THEFT DEVICE TYPE(S): DESCRIBE: Alarm

OFFICE USE

WARNING LABEL VISIBLE: ☐ YES ☐ NO

				FACTORY INSTALLED
☒ AIR CONDITIONER	☐ AUTOMATIC SEAT BELTS	☐ ROOF RACK	☐ VINYL TOP	
☐ MANUAL TRANSMISSION ☐ 3 Speed ☐ 4 Speed ☐ 5 Speed	☒ CRUISE CONTROL	☒ FRONT AIR BAGS 1 ☐ 2 ☐	☐ SPECIAL ROOF - Type:	☐ YES ☐ NO
☒ AUTOMATIC TRANSMISSION	☒ POWER BRAKES	☐ SIDE AIR BAGS	☐ SUNROOF - Type: MANUAL ☐	MOTORIZED ☐
☒ OVERDRIVE	☐ ANTI-LOCK BRAKES	☒ TILT WHEEL	☐ T/TOP - Type:	☐ YES ☐ NO
☒ REAR WINDOW DEFOGGER	☒ POWER WINDOWS	☒ POWER STEERING	☐ CUSTOM/MAG WHEELS	
☒ TINTED GLASS	☐ POWER LOCKS-DOORS	☐ POWER ANTENNA	☐ SPECIAL TIRES - Type:	
☐ REAR WIPER	☒ POWER SEATS ☐ LUMBAR	☒ POWER TRUNK	☐ SPECIAL HUB CAPS - Quantity on Vehicle	
☐ SPECIAL CUSTOM OPTIONS OR ADDITIONS:	☐ DIGITAL INSTRUMENTATION	☒ BUCKET SEATS ☐ 50/50	☒ SPECIAL MIRRORS - Type Power	
	☐ SPOILER	☒ CENTER MOUNT BRAKE LIGHT	☐ SPARE TIRE (OUTSIDE MOUNT)	
	☐ HEATED SEATS		☐ TRAILER HITCH	

PHYSICAL CONDITION OF VEHICLE

DESCRIBE DAMAGE,RUST, MISSING PARTS & MAJOR ALTERATIONS

00 ☒ CHECK HERE IF NO EXISTING DAMAGE, RUST OR MISSING PARTS

DAMAGED:	RUSTED:	DAMAGED:	RUSTED:	DAMAGED:	OFFICE USE
01 ☐ FRONT BUMPER	☐	09 ☐ QUARTER PANEL LEFT REAR	☐	17 ☐ SIDE GLASS LEFT FRONT	
02 ☐ REAR BUMPER	☐	10 ☐ QUARTER PANEL RIGHT REAR	☐	18 ☐ SIDE GLASS RIGHT FRONT	
03 ☐ FENDER LEFT FRONT	☐	11 ☐ HOOD PANEL	☐	19 ☐ SIDE GLASS LEFT REAR	
04 ☐ FENDER RIGHT	☐	12 ☐ ROOF PANEL	☐	20 ☐ SIDE GLASS RIGHT REAR	
05 ☐ DOOR LEFT FRONT	☐	13 ☐ TRUNK LID/REAR DOOR	☐	21 ☐ REAR WINDSHIELD	
06 ☐ DOOR RIGHT FRONT	☐	14 ☐ GRILL	☐	22 ☐ WORN, TORN, SOILED INTERIOR	
07 ☐ DOOR LEFT REAR	☐	15 ☐ WHEEL COVERS	☐	23 ☐ DASHBOARD/SOUND SYSTEM	
08 ☐ DOOR RIGHT REAR	☐	16 ☐ WINDSHIELD	☐	24 ☐ UNDERCARRIAGE	
				25 ☐ REARVIEW MIRROR	
				90 ☐ OTHER DAMAGE	

INSPECTION ACKNOWLEDGEMENT — I HAVE REVIEWED THIS REPORT, RECEIVED AT LEAST ONE COPY, AND ACKNOWLEDGE THAT IT IS A COMPLETE DESCRIPTION OF THE AUTO'S PHYSICAL CONDITION AND ACCESSORY ITEMS.

SIGNATURE [redacted] PRINT NAME [redacted] RELATION TO CAR OWNER

FULL ADDRESS IF DIFFERENT FROM ABOVE

INSURED'S HOME PHONE ([redacted]) INSURED'S WORK PHONE ( )

The above is a true statement of any existing damaged, rusted or missing parts as of this date. I certify that this inspection report is true and complete and that I have seen the vehicle stated above, and have recorded the vehicle identification number from the vehicle.

INSPECTOR'S SIGNATURE [redacted] DATE 7-23-03

THIS REPORT WAS QUALITY CONTROL REVIEWED BY:

[redacted]

CUSTOMER'S NAME

1208
STOCK NO.

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, GRECCO LINCOLN MERCURY INC (transferor's name, Print)

state that the odometer now reads 49255 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☒ (2) I hereby certify that the odometer reading is NOT the actual mileage.

WARNING - ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE
CHRYSLER	CONCORDE	4 DR

VEHICLE IDENTIFICATION NUMBER [redacted] YEAR 1999

X [redacted]
TRANSFEROR'S SIGNATURE

GRECCO LINCOLN MERCURY INC
PRINTED NAME

ROUTE 10
TRANSFEROR'S ADDRESS (STREET)

DENVILLE NJ [redacted]
CITY STATE ZIP CODE

07/04/03
DATE OF STATEMENT

X [redacted]
TRANSFEREE'S SIGNATURE

PRINTED NAME [redacted]

TRANSFEREE'S ADDRESS (STREET)

DOVER NJ [redacted]
CITY STATE ZIP CODE

ODOM-103-H (4/98) Expands and Expands

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).