



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 20 DEC 08 PM 2:41

Repository ☐

16-AUG-2006

Reference No.
10133104

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DOVER State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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 owner's signature, the name and address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
2C3HD48F [REDACTED] Make CHRYSLER Model CONCORDE Model Year 1998
Date Purchased 04-JUL-03 Dealer's Name and Telephone Number GRECO LINCOLN AND MERCURY - MAZDA, INC.
Original Owner ☐ Dealer's City DENVER State NJ Zip Code 07834
Transmission Type AUTOMATIC ☐ Antilock Brakes ☒ Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 221200 SEATS:FRONT ASSEMBLY:RECLINER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-JAN-2004 Failure Mileage 50807 Failure Speed REQUESTS SEAT BELT RECALL. PARTS MISSING
TRIED TO PERFORM RECALL. PARTS MISSING
ADVISED CUSTOMER WILL NEED NEW FRAME
RECALLER SEAT COST 158114.25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/60R16)
DOT No. (Example: DOTM18BAC036) ☐ Original Equipment ☐ Prior Repair Failure Location:
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 (accident, collision, and/or other event).

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). PARTS MISSING FOR RECALL - CALLED

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 WAS 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

2 I also was told BY GRECO SALES & REPAIR DESK THAT WINDOW
NEEDED A SUPPORT & SEAL THIS WOULD COST 274.45, BUT THE
WINDOW DOES WORK BUT HAVE TO GET THE RIGHT SIDE PUSH ON THE
SWITCH AT SAME TIME QUOTE THE WINDOW UP SO THE IT STAYS IN LINE WITH
FRAME. SPOKE TO JOB AT REPAIR SHOP OFFICE

Include, if available: Police/Fire Department Reports, 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.

**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 1/23/03	TIME 2:00 PM	ADVERSE CONDITIONS ☐ DARKNESS ☐ INCLEMENT WEATHER	INSURANCE CO. NAME Liberty Mutual Insurance Group	POLICY/APPLICATION NO. [REDACTED]	NO PHOTOS
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INSPECTOR (Print) M. H. A.	INSPECTION SITE NAME Fire Station 146	SITE LOCATION (Address) 71 E. Howard Ave Morris Plains, N.J.	SITE ID. NO. NJ 146
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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."
☐ EPA Sticker Not Clear - Photo Taken
☐ EPA Sticker Missing - Photo Taken

DESCRIPTION OF VEHICLE		YEAR 99	MAKE Chrysler	MODEL Concorde	COLOR Green	STYLE 2 DR.	☐ ST. WGN. ☐ MINIVAN ☐ HTCHBK ☐ TRUCK ☐ CONV. ☐ VAN ☐ MOTORCYCLE ☐ OTHER	INTERIOR ☐ VINYL ☒ FABRIC ☐ LEATHER	FRONT SEAT COLOR(S) tan
VEHICLE IDENTIFICATION NO. (Obtain Directly from Vehicle) 2C3HD46R						LOCATION ON VEHICLE WHERE VIN OBTAINED ☐ DASHBOARD ☐ OTHER (Describe) 4 9 9 7 0			

PLATE NO. 1H2F690	STATE NJ	PRINCIPAL PLACE YES/NO ☒ GARAGED (City & State)	YES ☐ INSURANCE AUTHORIZATION NO ☐ FORM SUPPLIED BY INSURED
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ACCESSORIES AND OPTIONAL EQUIPMENT		PERMANENTLY INSTALLED ☐ YES ☐ NO	VEHICLE SECURITY SYSTEMS Refer To Back Of Form For Instructions Code(s): ☐ ☐
SOUND & COMMUNICATIONS SYSTEMS RADIO: ☐ AM ☐ AM/FM ☒ CASSETTE ☐ FACTORY INSTALLED or Brand: _____ ☐ STEREO AMPLIFIER SYSTEM Brand: _____ ☒ COMPACT DISC PLAYER ☐ FACTORY INSTALLED or Brand: _____ ☐ CB RADIO Brand: _____ ☐ ANTENNA ☐ GPS/NAVIGATION SYSTEM ☐ RADAR DETECTOR Brand: _____		☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	ANTI-THEFT DEVICE TYPE(S): DESCRIBE: Alarm
WARNING LABEL VISIBLE: ☐ YES ☐ NO		OFFICE USE	

☒ AIR CONDITIONER ☐ MANUAL TRANSMISSION ☐ 5 Speed ☐ 4 Speed ☐ 3 Speed ☒ AUTOMATIC TRANSMISSION ☒ OVERDRIVE ☒ REAR WINDOW DEFROSTER ☐ TINTED GLASS ☐ REAR WIPER ☐ SPECIAL CUSTOM OPTIONS OR ADDITIONS.	☐ AUTOMATIC SEAT BELTS ☐ SERVOISE CONTROL ☐ POWER BRAKES ☐ ANTI-LOCK BRAKES ☐ POWER WINDOWS ☐ POWER LOCKS-DOORS ☐ POWER SEATS ☐ LUMBAR ☐ DIGITAL INSTRUMENTATION ☐ SPOILER ☐ HEATED SEATS	☐ ROOF RACK ☒ FRONT AIR BAGS ☐ 1 ☐ 2 ☐ SIDE AIR BAGS ☐ FIFT WHEEL ☐ POWER STEERING ☐ POWER ANTENNA ☐ POWER TRUNK ☒ BUCKET SEATS ☐ 80/40 ☒ CENTER MOUNT BRAKE LIGHT	☐ VINYL TOP ☐ SPECIAL ROOF - Type: _____ ☐ YES ☐ NO ☐ SUNROOF - Type: _____ ☐ MANUAL ☐ MOTORIZED ☐ ☐ T/TOPI - Type: _____ ☐ YES ☐ NO ☐ CUSTOM MAG WHEELS ☐ SPECIAL TIRES - Type: _____ ☐ SPECIAL HUB CAPS - Quantity on Vehicle _____ ☒ SPECIAL MIRRORS - Type: Painted ☐ SPARE TIRE (OUTSIDE MOUNT) ☐ TRAILER HITCH
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PHYSICAL CONDITION OF VEHICLE		DESCRIBE DAMAGE, RUST, MISSING PARTS & MAJOR ALTERATIONS																																																																													
00 CHECK HERE IF NO EXISTING DAMAGE, RUST OR MISSING PARTS <table border="0"> <tr> <td>DAMAGED:</td> <td>RUSTED:</td> <td>DAMAGED:</td> <td>RUSTED:</td> </tr> <tr> <td>01 ☐ FRONT BUMPER</td> <td>☐</td> <td>08 ☐ QUARTER PANEL LEFT REAR</td> <td>☐</td> </tr> <tr> <td>02 ☐ REAR BUMPER</td> <td>☐</td> <td>10 ☐ QUARTER PANEL, RIGHT REAR</td> <td>☐</td> </tr> <tr> <td>03 ☐ FENDER LEFT FRONT</td> <td>☐</td> <td>11 ☐ HOOD PANEL</td> <td>☐</td> </tr> <tr> <td>04 ☐ FENDER RIGHT</td> <td>☐</td> <td>12 ☐ ROOF PANEL</td> <td>☐</td> </tr> <tr> <td>05 ☐ DOOR LEFT FRONT</td> <td>☐</td> <td>13 ☐ TRUNK LID/REAR DOOR</td> <td>☐</td> </tr> <tr> <td>06 ☐ DOOR RIGHT FRONT</td> <td>☐</td> <td>14 ☐ GRILL</td> <td>☐</td> </tr> <tr> <td>07 ☐ DOOR LEFT REAR</td> <td>☐</td> <td>15 ☐ WHEEL COVERS</td> <td>☐</td> </tr> <tr> <td>08 ☐ DOOR RIGHT REAR</td> <td>☐</td> <td>16 ☐ WINDSHIELD</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>17 ☐ SIDE GLASS LEFT FRONT</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>18 ☐ SIDE GLASS RIGHT FRONT</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>19 ☐ SIDE GLASS LEFT REAR</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>20 ☐ SIDE GLASS RIGHT REAR</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>21 ☐ REAR WINDSHIELD</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>22 ☐ WORK, TORN, SOILED INTERIOR</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>23 ☐ DASHBOARD/SOUND SYSTEM</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>24 ☐ UNDERCARRIAGE</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>25 ☐ REARVIEW MIRROR</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td>26 ☐ OTHER DAMAGE</td> <td>☐</td> </tr> </table>				DAMAGED:	RUSTED:	DAMAGED:	RUSTED:	01 ☐ FRONT BUMPER	☐	08 ☐ QUARTER PANEL LEFT REAR	☐	02 ☐ REAR BUMPER	☐	10 ☐ QUARTER PANEL, RIGHT REAR	☐	03 ☐ FENDER LEFT FRONT	☐	11 ☐ HOOD PANEL	☐	04 ☐ FENDER RIGHT	☐	12 ☐ ROOF PANEL	☐	05 ☐ DOOR LEFT FRONT	☐	13 ☐ TRUNK LID/REAR DOOR	☐	06 ☐ DOOR RIGHT FRONT	☐	14 ☐ GRILL	☐	07 ☐ DOOR LEFT REAR	☐	15 ☐ WHEEL COVERS	☐	08 ☐ DOOR RIGHT REAR	☐	16 ☐ WINDSHIELD	☐			17 ☐ SIDE GLASS LEFT FRONT	☐			18 ☐ SIDE GLASS RIGHT FRONT	☐			19 ☐ SIDE GLASS LEFT REAR	☐			20 ☐ SIDE GLASS RIGHT REAR	☐			21 ☐ REAR WINDSHIELD	☐			22 ☐ WORK, TORN, SOILED INTERIOR	☐			23 ☐ DASHBOARD/SOUND SYSTEM	☐			24 ☐ UNDERCARRIAGE	☐			25 ☐ REARVIEW MIRROR	☐			26 ☐ OTHER DAMAGE	☐
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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.	
PRINT NAME [REDACTED]	INSURED'S HOME PHONE [REDACTED]	INSURED'S WORK PHONE [REDACTED]	SECTION TO CAR OWNER [REDACTED]

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 directly from the car and photographed the vehicle.

INSPECTOR'S SIGNATURE: **[Signature]** DATE: **7-23-03**

THIS REPORT WAS QUALITY CONTROL REVIEWED BY: