



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

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OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED]
City: TEMPLE HILLS State: MD Zip Code: [REDACTED] Evening Telephone Number: [REDACTED]

Do you authorize [REDACTED] manufacturer of your vehicle? YES NO
In the absence of your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 11-28-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2C3HD461 [REDACTED] Make: CHRYSLER Model: CONCORDE Model Year: 2005

Date Purchased: 01-JUL-03 Dealer's Name and Telephone Number: CHRYSLER & DODGE OF WALDERF Engine: No. Cylinders: 6 Fuel Type: Gas

Original Owner: Dealer's City: WALDERF State: MD Zip Code: [REDACTED]

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 081000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-SEP-2006 Failure Mileage: 108809 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/85R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] 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), 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).

DT: THE CONTACT HEARD A TAPPING NOISE COMING FROM THE ENGINE ON SEPTEMBER 5, 2005. HE HAD NOT DRIVEN IT FOR A COUPLE OF DAYS. THEN, HE TOOK IT TO A MECHANIC, AND THEY TOLD HIM THEY BELIEVED THAT IT HAD AN ENGINE PROBLEM. THE CONTACT DROVE THE VEHICLE HOME, AND THE NEXT TIME HE TRIED TO START VEHICLE UP BUT IT WOULD NOT START. THE CONTACT TOWED IT TO A DEALER, AND THEY SAID THE ENGINE NEEDED TO BE REPLACED. HE HAD THE ENGINE REPLACED NOW. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

**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).**