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	Repository
2006 APR 11 PM 2:24	☐
27-MAR-2006	Reference No. 10153809

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City FRIDAY HARBOR **State** WA **Zip Cod** [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/31 06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1C3XV56L5ND[redacted]	CHRYSLER	IMPERIAL	1992

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	BELLINGHAM CHRYSLER 360-734-8810			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City BELLINGHAM	State WA	Zip Code 98226		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain REAR WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-FEB-2006	53940		Brakes - Recall made - Copy enclosed. Copy of Repair enclosed - does not say if fixed.

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: DOTMAL9ABC036)	☐ 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(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ 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: THE CONTACT STATED THE ABS LIGHT CAME ON THE DASHBOARD OF THE VEHICLE. THERE IS A NHTSA RECALL, # 96V099000 ON THE VEHICLE REGARDING THE ANTILOCK BRAKES. THE PARTS NEEDED TO REPAIR THEIR VEHICLE ARE NOT AVAILABLE AT THEIR LOCAL DEALERSHIP. THE MANUFACTURER CONFIRMED THE PARTS ARE NOT AVAILABLE.

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

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

Recall made copy enclosed. - Job paper at time of work was supposed to be done (4-74 Lot) also enclosed. Only 7000 miles on car since that date - Now the ABS brakes need replacement again but Co. says no parts are available & it will take from 4-6 mo to repair. No loaner cars available - Co accepts responsability for failure but we must wait until July or Sept for repair.

We cannot use car without brakes -

ATTACH ADDITIONAL SHEETS IF NECESSARY

CHRYSLER CORPORATION

SERVICE NOTIFICATION

INSTRUCTIONS TO CHRYSLER CORPORATION VEHICLE OWNER

- Please present this notification card to your dealer to have the service described in the enclosed letter performed. This service will be provided free of charge for the car or truck whose Vehicle Identification Number is printed at the right. Please call the servicing dealer for an appointment before your visit for quicker service and convenience.
- When the service is completed, ask the dealer to enter the dealer name, dealer code and repair date on the card at the right, and then to give you the card for your record of repair.
- If you know that this service has already been performed —or if the vehicle is not in your possession — please complete the right side of this form. Detach it from this stub and mail the form. No postage is needed.

Thank you for your cooperation. This was never performed as requested by Dealer

Chrysler Corporation

83-005-0052 (2/96) 8965

INSTRUCTIONS TO DEALER

- Description: ABS PISTON & PUMP/MTR ASSY
- Parts Return Requirement (Yes, No): YES No Way -
- When the service is completed, enter the dealer name, code and date on the card at right and provide it to the owner as a record of repair.
- For reimbursement, the claim must be submitted through the dealer's normal claim submission channel, (D.I.A.L. or paper).

OWNER/ADDRESSEE: COMPLETE AND MAIL THIS CARD ONLY IF YOU KNOW THAT THE SERVICE HAS BEEN COMPLETED OR IF THE VEHICLE IS NOT IN YOUR POSSESSION

- Please check the appropriate box and provide the information requested:
  - ☐ This service was previously performed (check one): ☐ inspected ☐ repaired
  - ☐ This vehicle was (check one): ☐ scrapped ☐ stolen ☐ exported
  - ☐ This vehicle was sold. Please fill in the following information only if sold to a retail buyer — **not** to a dealer:
    - Date of Sale: Mo. Day Yr. (Example: 0,1 3,1 8,8)
    - New Owner's Title (check one): 1. Mr. 2. Mrs. 3. Miss 4. Rev. 5. Dr. 6. Business 7. Ms. 8. Mr. & Mrs.
    - New Owner's Name & Address (Please Type or Print Clearly):

INITIALS | LAST NAME

STREET ADDRESS

STREET ADDRESS (CONTINUED)

CITY

STATE | ZIP CODE 96250

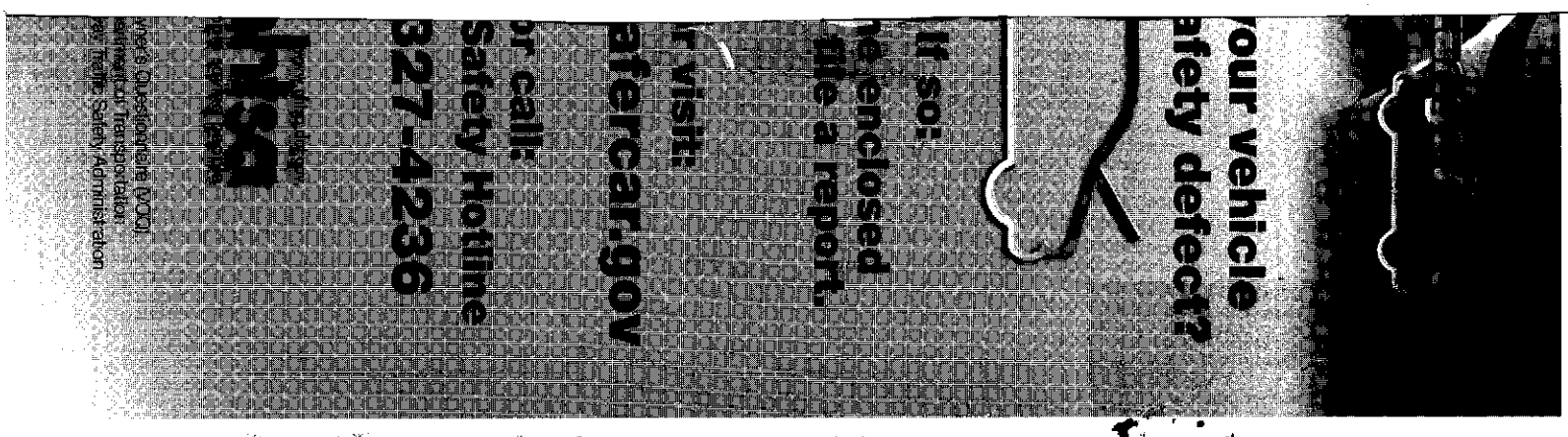
VEHICLE IDENTIFICATION NUMBER: 1C3XV56L5ND[redacted] S.O. or FLEET NO.: T2893202 NOTIFICATION NO: 685

[redacted]

FRIDAY HARBOR, WA [redacted]

DEALER NAME _____

DEALER CODE _____ REPAIR DATE ____/____/____



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).