Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received: 08-02-06	Repository ☐
Reference No.: 10164791	

OWNER INFORMATION (Type or Print)

Name: [redacted]
Street: [redacted] Apt. No.:
City: Mtn. Grove State: Mo Zip Code: [redacted]
Daytime Telephone Number:
Evening Telephone Number: [redacted]
E-mail:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance.

Signature of Owner: [redacted] Date: 7/12/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
2C3H04i6R91H[redacted]	Chrysler	Concord	01	106,

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
5-22-05 ☐ Original Owner	Via Dee Auto 926-6981	No. Cylinders: 6	☐ Diesel ☐ Hybrid ☑ Gas ☐ Other
	Dealer's City: Mtn Grove State: Mo Zip Code: 65711		

Transmission Type: ☐ Manual ☑ Automatic
☑ Antilock Brakes ☑ Cruise Control
Powertrain: ☐ All-Wheel Drive ☑ Front-Wheel Drive ☐ Rear-Wheel Drive ☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
motor			40	☐ Driver ☐ Passenger ☐ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)

Failed Structure: ☐ Tread ☐ Sidewall ☐ Bead
DOT No. (Example: DOT MAL9ABC036 on sidewall):
☐ Original Equipment ☐ Prior Repair
Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name

Seat Type: ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other
Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH system* *Vehicle info required
Failed Part. Describe Failure Below: ☐ Base ☐ Harness/Buckle ☐ LATCH Connecter ☐ Shell ☐ Handle ☐ Other

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	Police Report No.
☐ Yes ☑ No	☐ Yes ☑ No			

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

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882