



Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY	
Date Received <i>08-16-06</i>	Repository <input type="checkbox"/>
Reference No.	

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street No: [Redacted] Apt. No: [Redacted]
 City: *Roswell* State: *N.M.*

Daytime Telephone Number: [Redacted]
 Evening Telephone Number: [Redacted]
 E-mail: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
 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 recall performance on [Redacted].
 YES NO
 Signature of Owner: [Redacted] Date: *08/12/06*

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: [Redacted]
 Make: *Dodge* Model: *Lancer* Year: *86* Current Mileage: *172,000*
 Date Purchased: *07-15-06* Dealer's Name and Telephone Number: *T+L Motors - Lonne Lee 505-627-7000* Engine: [Redacted] Fuel Type: Gas Diesel Hybrid Other
 Original Owner Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted] No. Cylinders: *4*
 Transmission Type: Automatic Manual Antilock Brakes: Cruise Control: *no* Powertrain: Front-Wheel Drive All-Wheel Drive Rear-Wheel Drive Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: *alternator, tires, Fuel pump, Battery - windshield wipers* Incident Date(s): *7-16, 7-17, 7-18, 7-19, 7-20, 7-21, 7-23, 8-02* Failure Mileage: *170,000* Failure Speed: [Redacted] Failure Location: Driver Passenger Front Rear *Various*

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: *off-brand* Tire Model/Line: [Redacted] Tire Name: [Redacted] Tire Size (Example: P215/65R1105): *P215*
 Failed Structure: Tread Sidewall Bead *rams, tires, no stem* DOT No. (Example: DOT MAL9ABC036 on sidewall): [Redacted] Original Equipment Prior Repair
 Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round *Flats*

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]
 Seat Type: Infant Booster Integrated Convertible Other
 Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other
 Installed in Vehicle using the: Vehicle safety belt LATCH system*
 *Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash *in past* Yes No Fire Yes No Number of Persons Injured: *?* Number of Deaths: *?* Police Report No.: *?*

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). *Car in previous crash - unknown*
Told - "car runs good" by Lonne Lee. Sold to me for \$500 @ T+L Motors
401 Myrtle Ave, Roswell, N.M. 88201 - Best Mexican mechanic fixed
battery + terminal x2 - Tires fixed after breakdown on 2nd Ave at
Interstate - almost ran over - I am disabled - tires fixed @ DAD tires
next day - took to T+L Motors to have car fixed - not done
any longer here. Placed calls to Lonne Lee - never returns calls! Best
cell - 81-06 after breakdown but called every number

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 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. Your response, or information derived therefrom, may be used for administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used.

Mail postage free or fax to 202-366-7882