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

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
2007 DEC 12 AM 11:16 26-NOV-2007	☐
Reference No. 10209918	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: SCOTTSDALE	State: AZ	Zip Code: [redacted]	Evening Telephone Number

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 12/1/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C3HD46R2WH[redacted]	CHRYSLER	CONCORDE	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-APR-98	VIDIAN CHRYSLER			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: NEW TOWN SQUARE	State: PA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	221200 SEATS:FRONT ASSEMBLY:RECLINER Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
23-NOV-2007	86544	5

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	0	0	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).

TL*THE CONTACT OWNS A 1998 CHRYSLER CONCORDE. WHILE DRIVING APPROXIMATELY 5 MPH, THE DRIVER'S SEAT RECLINED UNEXPECTEDLY. THE CONTACT LOST CONTROL OF THE VEHICLE. THE VEHICLE WAS REPAIRED UNDER NHTSA CAMPAIGN ID NUMBER 03V035000 (SEATS:FRONT ASSEMBLY:RECLINER) IN MAY OF 2005. THE DEALER STATED THAT THE RECLINING SEAT WAS NOT DUE TO THE RECALL, BUT RATHER A SEAT BACK ADJUSTER AND WIRING HARNESS FAILURE. THE CURRENT MILEAGE WAS 86,554 AND FAILURE MILEAGE WAS 86,544.

2003

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