



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 ☐

2008 FEB 25 PM 2:57

Reference No.

10216015

OWNER INFORMATION (Type or Print)

Name

Address

City

WANYESBURG

State GA

Zip Code

Daytime Telephone Number

E-mail Address

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

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2C3HC56F2T

Make

CHRYSLER

Model

LHS

Model Year

1996

Date Purchased
01-APR-97

Dealer's Name and Telephone Number

Private owner

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

Waynesboro

State

GA.

Zip Code

30836

3.5 L

Regular

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

073000 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM

Multiple Failure: 1

gas leak front of engine

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
24-JAN-2008

Failure Mileage

96300

Failure Speed

0

replaced o-rings and
fuel rails

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: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

NA

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

☐ 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).

TL*THE CONTACT OWNS A 1996 CHRYSLER LHS. THE CONTACT NOTICED A LEAK AND SMELLED GASOLINE COMING FROM THE VEHICLE. THE DEALER STATED THAT THE LEAK ORIGINATED FROM THE FUEL PUMP AND THAT HER VIN WAS INCLUDED IN NHTSA CAMPAIGN ID NUMBER 98V184000 (FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM). THE DEALER CALLED THE MANUFACTURER AND THEY STATED THAT THE PARTS WERE NO LONGER AVAILABLE FOR THE RECALL REPAIR. THE VEHICLE IS CURRENTLY IN THE SHOP FOR REPAIR. THE VIN, ENGINE SIZE, NUMBER OF CYLINDERS, POWERTRAIN, AND MILEAGES WERE UNKNOWN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 response, or a statistical summary thereof, may be used in support of the agency's action.

Confirmation No. 10216015

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

*Gas leakage from around O-rings and fuel
rails in front of engine.*

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

ALBUQUERQUE NM 87109

12 FEB 2008 PM 2:11

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NECESSARY
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IN THE
UNITED STATES

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WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**

20077-9382



Safecar.gov

**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safecar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).