U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2008 JUL 28 1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
03-JUL-2008	Reference No. 10233164

OWNER INFORMATION (Type or Print)

Name			
Address			
City MT. RAINIER	State MD	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 Owne [redacted] Date 7/16/2008

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C3HC56F0VH	CHRYSLER	LHS	1997

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
4-21-2001	Darcars Chrysler of Fairfax 8662005038	No: Cylinders 6	89-
Original Owner ☐	Dealer's City Fairfax Va.	State Va. Zip Code	

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code	Multiple Failure:
Auto	☐ Antilock Brakes ☒ Cruise Control	FWD	070000 FUEL SYSTEM, GASOLINE	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-JUN-2008	130000	25	FUEL INJECTION leaking GAS

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 1997 CHRYSLER LHS. WHILE DRIVING APPROXIMATELY 25 MPH, THE CONTACT ACTIVATED THE AIR CONDITIONER UNIT AND SMELLED A STRONG ODOR OF GASOLINE. THE CHECK ENGINE WARNING LIGHT INDICATOR ILLUMINATED ON THE INSTRUMENT PANEL. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC AND DISCOVERED THAT THE FUEL INJECTION WAS LEAKING FUEL. THE TECHNICIAN ADVISED THE CONTACT NOT TO DRIVE THE VEHICLE DUE TO THE POSSIBILITY OF A FIRE. THE VEHICLE HAS NOT BEEN REPAIRED. THE VIN WAS NOT INCLUDED IN THE RECALL PERTAINING TO THE GASOLINE FUEL INJECTION SYSTEM. THE RECALL NUMBER WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGES WERE 130,000.

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 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.