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

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Repository ☐

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OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City FAYETTEVILLE | State NC | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C3HC56G01H[redacted]	CHRYSLER	LHS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2/1/2019	Hoke Motors Inc 910-425-5912			No: Cylinders 6	
Original Owner ☐	Dealer's City Fayetteville	State NC	Zip Code 28304		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control	front wheel drive	antilock brakes Seatbelt	11-SEP-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	159000	40

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	2	0	Y

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 OWNED A 2001 CHRYSLER LHS. WHILE THE CONTACT WAS DRIVING 40 MPH, ANOTHER VEHICLE DID NOT YIELD TO THE RIGHT OF WAY. AS A RESULT, THE CONTACT SLAMMED ON THE BRAKE PEDAL AND CRASHED INTO THE REAR SIDE OF THE OTHER VEHICLE. THE AIR BAGS DID NOT DEPLOY. THE CONTACT'S WIFE SUSTAINED MINOR INJURIES AND BRUISING TO THE HEAD AND BOTH ARMS. THE CONTACT SUSTAINED A CONCUSSION. MEDICAL ATTENTION WAS NOT RECEIVED. A POLICE REPORT WAS FILED. THE CONTACT DROVE HOME AND THE INSURANCE COMPANY TOWED THE VEHICLE TO THEIR LOCATION WHERE IT WAS DEEMED DESTROYED. THE DEALER AND MANUFACTURER WERE NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 159,000.

female passenger

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