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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

U.S. Department of Transportation

National Highway Traffic Safety Administration

POSTED

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Date Received **565097**

RECEIVED
APR 12 PM 3:57

od_rt
uo_ltr
Reference No.

OFFICE DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your name or address to the vehicle manufacturer.

Signature of Owner

Date **3-23-02**

VEHICLE INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 2C3EL56F6PH57810970		Make CHRYSLER		Model CONCORDE		Year 1993	
Purchased Date 8-4-97		Dealer's Name PRICE LOW MOTORS			Engine Size (CID/CCL) <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's City Philadelphia		State PA		Zip Code 19108	
No. Cylinders 6		Fuel Injection <input checked="" type="checkbox"/> Fuel Injection		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drive Shaft <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
Manufacture Date (on driver's door or pillar) 2-93		Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbot <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	
						Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) BROKEN FRONT SEAT ON DRIVERSIDE		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand		Tire Name		Complete Tire Size			
No. of Failures		Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?	
		Mileage at Failure(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Vehicle Speed at Failure(s)					

APPLICABLE INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured		Number of Fatalities		Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

[Empty space for narrative description]

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. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.