



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

## Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

## FOR AGENCY USE ONLY 258

Date Received

10-MAY-2002

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Reference No.

761756

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|                                                                                                              |              |               |              |                          |
|--------------------------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of<br/>windshield and driver's side<br/>door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1C3XJ41K6LG445099                                                                                            | CHRYSLER     | LEBARON       | 1990         |                          |

|                                                                                            |                                                                                                                               |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-APR-2091</b>                                                        | Dealer's Name _____                                                                                                           | Engine Size<br>(CID/CC/L) _____                                                                                                                                                                                                                                 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                           |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                      | City _____ State _____ Zip Code _____                                                                                         | No Cylinders _____                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                     | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag                                | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                               |
|                                                                                            | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                                      |                                                                                                                                          |                                                                                             |
|-----------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08500000 | Part Name(s)<br>ELECTRICAL SYSTEM:IGNITION                                                                           | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>20   | Date(s) of Failure(s) _____ 29-APR-2002<br>Mileage at Failure(s) _____ 96000<br>Vehicle Speed at Failure(s) _____ 60 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

|                                                                   |                                                                             |                                |                      |                          |                                                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>C | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CAR TOTALLY SHUTS DOWN WHEN DRIVING. HAS HAPPENED NUMEROUS TIMES (MORE THAN 20+) OVER LAST 8 MONTHS. SOMETIMES IT WILL RESTART IN APPROXIMATELY 5 MINUTES, OTHER TIMES IT WON'T. SPEED DOES NOT SEEM TO BE A FACTOR AS IT HAS HAPPENED AT 30 MPH AS WELL AS 65. WEATHER DOESN'T SEEM TO BE A FACTOR. THIS PROBLEM IS SPORADIC - SOMETIMES IT WILL HAPPEN 3 TIMES IN ONE DAY OVER A DISTANCE OF 5 MILES, OTHER TIMES IT WILL RUN FINE FOR A COUPLE WEEKS AND THEN SUDDENLY SHUT DOWN. I HAVE HAD IT IN TWO DIFFERENT GARAGES SEVERAL TIMES AND THEY CAN'T FIGURE OUT WHAT PROBLEM IS DUE TO IT NOT ACTING UP WHEN THEY HAVE IT. I CALLED THE CHRYSLER GARAGE IN PLYMOUTH, IN AND THEY SAID THEY COULDN'T HELP ME UNLESS THEY ACTUALLY

CONTINUE ON REVERSE

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.