



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 1039**

Date Received

25-APR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8008587

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) <small>(Locate at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3HD56T7TH252757	CHRYSLER	CONCORDE	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 02440000	Part Name(s) SUSPENSION:SINGLE AXLE:REAR:SWAY BAR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ RD Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

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

SWAY BAR AND BUSHINGS CRACKED. HAD REPAIRED AND PROBLEM HAS REOCCURRED.\*AK

COPIED FROM NHTSA - REF 101

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.



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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY** '039

Date Received

Od\_or \_\_\_\_\_  
rt\_dl \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_lr \_\_\_\_\_

DEFECTS OFFICE INVESTIGATION  
MAY 27 PM 2:50  
25-APR-2002

Reference No.

8008587

**OWNER INFORMATION (Type or Print)**

WAYNE CONNORS 750279  
971-BALDWIN AVE  
NEGAUNEE MI 49866

Work Number

Home Number 906-475-7487

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 Wayne Connors Date 5/5/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (If located at bottom of windshield on driver's side) <b>2G3HD56T7TH252757</b>	Vehicle Mak <b>CHRYSLER</b>	Vehicle Model <b>CONCORDE</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>59,684</b>
--	--------------------------------	----------------------------------	-----------------------------	---

Purchase Date <b>4-30-96</b>	Dealer's Name <u>Riverside Auto Mall</u>	Engine Siz (CID/CCIL) <b>3.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Marquette</u> State <u>MI</u> Zip Code <u>49855</u>	No Cylinders <b>6</b>	

Transmission Type <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door
--	--	--	---	--	---	--

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

*(Page 1 through Page 3)*

"Preventive Maintenance Is Less Costly Than Repairs"

# 27 POINT VEHICLE INSPECTION

**Connors TEL**  
 NAME  
 96 **Corvair** 59000 49510  
 YEAR MODEL MILEAGE R.O. NO.  
 4/15/72  
 DATE HOME PHONE BUS. PHONE

WE PERFORMED THE FOLLOWING FREE INSPECTION ON YOUR VEHICLE:

ITEMS	INSPECTED	NEEDS IMMED. ATTENTION	NEEDS ATTENTION	ESTIMATED COST	NOTES
1. Tire Wear / Condition Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Paid 1400.00 for 7 year 100,000 mile warranty
2. Tire Wear / Condition Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Drive Shaft Joint Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Condition of McPherson Struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Condition of Rear Shock Absorbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Condition of Front Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Condition of Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Brake, Hydraulic System (fluid, visual, check)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Condition of Ball Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		⊙ lower worn out
10. Clutch Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Clutch Hydraulic System (fluid, visual, check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Condition of Muffler / Exh. Pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		→ had it replaced 3-10-99
13. Engine and Transmission Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ok fluid levels

