



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 241

Date Received

30-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010739

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) (Location at bottom of and/or driver's door frame)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3HD46J0WH178		CHRYSLER	CONCORDE	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07241000	Part Name(s) POWER TRAIN:TRANSMISSION:UNKNOWN TYPE:LEVER AND LIN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 27-MAY-2002 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THE COLUMN GEAR SHIFT IS TOO HARD TO SHIFT WHEN NEEDED, CONSUMER USED BOTH HANDS TO SHIFT INTO ANOTHER GEAR. DEALER CONTACTED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*JB

COPIES OF THIS FORM ARE:

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 756408 CONGERS NY		DEFACTS INVESTIGATION 30-MAY-2002 OFFICE Reference No. 8010739 Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer. ☒ YES ☐ NO			
Signature of Owner		Date <u>6/30/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2C3HD46J0WH178	Vehicle Make CHRYSLER	Vehicle Model CONCORDE	Vehicle Year 1998
Current Odometer Reading 40,590		Purchase Date 12/31/98	
Dealer's Name ROCKLAND AUTO PLAZA City NANUET State NY Zip Code 10954		Engine Size (CID/CC/L) 3.2L No Cylinders V6 ☒ Turbo Diesel Gas Fuel Injectio	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07241000	Part Name(s) POWER TRAIN:TRANSMISSION:UNKNOWN TYPE:LEVER AND LINK	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☐ Original Replacement
No of Failures 1	Date(s) of Failure(s) 27-MAY-2002 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s)	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES THE COLUMN GEAR SHIFT IS TOO HARD TO SHIFT WHEN NEEDED, CONSUMER USED BOTH HANDS TO SHIFT INTO ANOTHER GEAR. DEALER CONTACTED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*JB			
Although I was lucky not to have gotten into an accident with this car, the possibility existed that it would have happened, so I used the car sparingly until my mechanic notified me that he had received the part. (OVER) <i>(My mechanic insists that the looseness of the parts was an indication of universal failure.)</i>			
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.			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The first thing that happened about three weeks ago was the stiffness of the gear shift, which is located on the steering column.

Then the gear shift became impossible to shift either up or down with the consequence that I had to use two hands and a good deal of strength of shift it, particularly when going from reverse to drive.

While I was driving on the state highway (Rt. 303 NY), the engine started to race. When I checked the dashboard, I noticed that the gear shift had somehow shifted to NEUTRAL. I quickly downshifted to DRIVE again, but the same thing happened again.

I also noticed a whine to the engine noise. My mechanic believes that the car had automatically shifted to another gear unbeknownst to me.

I felt that the car was too dangerous to drive.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

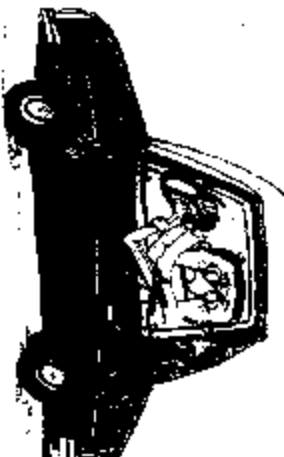
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/online>

**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)**

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