



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

29-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854540

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) (located at front of windshield on drivers side) 1B3XC56RXMD259930	Vehicle Make DODGE	Vehicle Model DYNASTY	Vehicle Year 1991	Current Odometer Reading
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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 ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbell ☒ 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 ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>10-DEC-1999</u> Mileage at Failure(s) <u>130000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FUEL RAIL LEAKAGES CAUSED FUEL TO LEAK ALL OVER ENGINE. SPILLED FUEL COULD RESULT IN AN ENGINE COMPARTMENT FIRE. *AK

CONTINUED ON BACK (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.



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08 FEB -9 AM 6:15
29-DEC-1999

OFFICE

CTS INVESTIGATION

Od_or
rt_dt
od_rt
up_itr

Reference No.

854540

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized representative, please provide name and address to the vehicle manufacturer.

Signature of Owner

Date 01/20/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3XC56RXMD259930	DODGE	DYNASTY	1991	

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	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Sport Utl ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 10-DEC-1999 Mileage at Failure(s) 100000 Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FUEL RAIL LEAKAGES CAUSED FUEL TO LEAK ALL OVER ENGINE. SPILLED FUEL COULD RESULT IN AN ENGINE COMPARTMENT FIRE. *AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I TOOK MY CAR to 3 different places (car shops). All 3 specified that the Chrysler's are known to have faulty fuel lines. One of the shops that mend leakage said that my fuel rail was not repairable. I'm sending in the bill of repair for cost of a new fuel rail & labor. Please inform me of this action.

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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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CUSTOMER'S SIGNATURE		X	
SALES TAX		17.05	
FREIGHT		0.00	
PARTS		220.00	
TOTAL		237.05	

QTY	PART NO.	DESCRIPTION	UNIT	NET	AMOUNT
1	0 4554006AB	RAIL		220.00	220.00

SHIP VIA	SLSM.	BL NO.	TERMS	STOCKTON CA
2			1	F.O.B. POINT

ACCOUNT NO. 20000
 MARATHON MASTERS
 720 E. HAMMER LANE
 STOCKTON, CA
 95212

DATE ENTERED	28 DEC 99	YOUR ORDER NO.	28 DEC 99	DATE SHIPPED	28 DEC 99	INVOICE DATE	28 DEC 99	INVOICE NUMBER	178881
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DISHONORED CHECK NOTICE: IF YOU ARE PAYING THIS INVOICE BY CHECK, CALIFORNIA LAW PROVIDES, IN PART, THAT WHEN AN INDIVIDUAL FAILS TO PAY A DISHONORED CHECK IN CASH WITHIN THIRTY (30) DAYS OF DEMAND FOR PAYMENT, HE/SHE SHALL BE LIABLE FOR THE AMOUNT OWING UPON THE CHECK, IN ADDITION TO TREBLE DAMAGES THREE TIMES THE AMOUNT OF THE CHECK, BUT IN NO CASE LESS THAN ONE HUNDRED DOLLARS (\$100) NOR MORE THAN FIVE HUNDRED DOLLARS (\$500), PLUS THE COST OF MAILING THE WRITTEN DEMAND, I UNDERSTAND THAT IF ANY CHECK IS DISHONORED FOR ANY REASON, I WILL BE SUBJECT TO THE ABOVE DAMAGES.

STOCKTON AUTO CENTER 2979 AUTO CENTER CIRCLE STOCKTON, CA 95212
 (209) 956-7633
 BAR # AD 124235 EPA # CAD 982465568
 (800) 925-6663



NOTICE: ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE. NO REFUNDS AFTER 30 DAYS. A 20% HANDLING CHARGE WILL BE MADE ON ALL RETURNED GOODS, UNLESS RETURNED DUE TO BEING DEFECTIVE OR ERROR ON OUR PART. ALL PARTS ACCEPTED FOR RETURNS MUST MEET MANUFACTURER'S CURRENT PACKAGE GUIDELINES. NO REFUNDS WITHOUT THIS INVOICE. NO RETURNS ON ELECTRICAL OR SPECIAL ORDERED PARTS.

Thank You For Your Business!