

U.S. Department
of TransportationNational 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 151

Data Received

28-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857612

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make CHRYSLER	Vehicle Model CONCORDE	Vehicle Year 1996	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01400000	Part Name(s) STEERING:GEAR:RACK AND PINION	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 Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TURNING THE STEERING WHEEL TO THE RIGHT OR LEFT THE VEHICLE MADE A METAL LIKE GRINDING SOUND AND A CLUNK. DEALER HAS REPLACED RACK AND PINION STEERING. *AK

CONTINUED ON BACK PLEASE

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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Date Received: 02 MAR 22 2000
 Office: DEFICITS INVESTIGATION
 Reference No.: 857612

Work Number: [Redacted]
 Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner: [Redacted]

OWNER INFORMATION (Type or Print)
 592797

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VEHICLE INFORMATION

Vehicle Identification No. (VIN): JF3HD56T9H292935
 Vehicle Make: CHRYSLER
 Vehicle Model: CONCORDE
 Vehicle Year: 1996
 Current Odometer Reading: 79986

City: 21st Ave
 State: MD
 Zip Code: 21017

Dealers Name: Jones
 Purchase Date: 6/29/96
 New/Used: Used

Engine Size: [Redacted] (CID/CCL)
 No Cylinders: 6
 Turbo:
 Diesel:
 Gas:
 Fuel Injection:

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt 2-Point Belt Motorbelt Driver's Airbag Passenger's Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Spot UR: Truck Motorcycle
 Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other

Component 01400000
Part Name(s) STEERING-GEAR:RACK AND PINION

Location: Front Left Right Rear
 Failed Part(s): Original Replacement

No of Failures
 (Date) of Failure(s): Two been doing this for over 2 years
 Mileage at Failure(s): Loss Main Sump
 Vehicle Speed at Failure(s): [Redacted]

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: 0
 Number of Fatalities: 0
 Estimated Property Damage: 0
 Reported to Police: Yes No

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

WHEN TURNING THE STEERING WHEEL TO THE RIGHT OR LEFT THE VEHICLE MADE A METAL LIKE GRINDING SOUND AND A CLUNK. DEALER HAS REPLACED RACK AND PINION STEERING. AK
 Repaired by [Redacted] 9219 Hoodford Rd
 Baltimore, MD 21234
 410-661-3400
 That reported noise to Jones & Kingston Elipso 6/2/96 - Tony said
 nothing was wrong with it. Sound still continued?

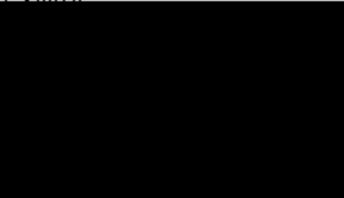
CONTINUE ON BACK IF NEEDED

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Heritage Chrysler Plymouth
9219 Harford Road
Baltimore, Maryland 21234
(410) 661-3400



CUSTOMER NO: 28573 	ADDRESS: GEORGE CLIFFORD 210 LICENSE NO: CWT645	ZIP CODE: 4506 MILEAGE: 29021	INVOICE #: 0211100 COLOR: BEIGE DELIVERY DATE:	INVOICE #: CHCS29673 STOCK NO: SE. VEH. #: PRODUCTION DATE: MO: 29022
YEAR, MAKE, MODEL: 96/CHRYSLER/CONCORD		SELLING DEALER NO: 2C3HD56T7TH 292935		DATE: 02/11/00
VEHICLE ID NO: 2C3HD56T7TH 292935		TYPE NO: IF ID NO: 		

LABOR & PARTS

J# 1 40CHZ SUSP/STEERING-A HOURS: 4.20 TECH(S):266
 IN AM METALIC BINDING SOUNDS, KLINGING WHEN WHEEL IS TURNED
 REMOVED RACK & PINION, REPL RACK MOUNTING BUSHINGS, REPL L/R
 STRUT, NOISEY, ONE TIME GOODWILL REPAIR WITH \$100.00 DEDUCTAB
 OK CS
 FC68 02053303 1.0.FC68 19000105
 3.2

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	4	5014740-AA	BUSHING ST 19048		WARRANTY
JOB # 1	1	4616023	STRUT FRT 17823		WARRANTY
JOB # 1	1	4582759	MOUNT FRT 17823		WARRANTY
JOB # 1 TOTAL PARTS				0.00	
JOB # 1 TOTAL LABOR & PARTS				0.00	

J# 2-00CHZ MENU SERVICE HOURS: TECH(S):266 69.95
 4 WHEEL ALIGN

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 2 TOTAL PARTS				0.00	
JOB # 2 TOTAL LABOR & PARTS				69.95	

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	SS	SHOP SUPPLIES		4.90
JOB # 1	WD	WARRANTY DEDUCT.		100.00
TOTAL - MISC			29673	104.90

TOTALS		
TOTAL LABOR	69.95	
TOTAL PARTS	0.00	
TOTAL SUBLET	0.00	
TOTAL MISC CHG	104.90	
TOTAL MISC DISC	0.00	
TOTAL TAX	0.25	
TOTAL INVOICE \$	175.10	

 * [] GASH * [] DISCOVER * [] AMERICAN EXPRESS *
 * [] VISA * [] MASTERCARD * [] DISCOVER *
 * [] AMER XPRESS * [] OTHER * [] CHARGE *

 YOUR BUSINESS IS VERY IMPORTANT TO US
 TOTAL SATISFACTION IS OUR FIVE STAR GOAL!
 IF YOU ARE NOT PLEASED WITH YOUR SERVICE EXPERIENCE,
 CONTACT CHRIS SHACKLEBORN, SERVICE MANAGER AT 410-661-3400