

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 125

Data Received

14-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858510

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3D56F4RH157711	CHRYSLER	LHS	1993	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	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
--	---	---------------------------	----------------------	---------------------------	---

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

CONSUMER RECEIVED RECALL 99V215000 CONCERNING THE LOWER CONTROL ARM. CONTACTED THE DEALER. DEALER INDICATED NO TOOL WAS AVAILABLE TO CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *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.

 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 125	
		Date Received RECEIVED 14-MAR-2000 OFFICE OF INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_tr _____
		Reference No. 858510	
		Work Number _____	Home Number same

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 3/13/00

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 2C3D56F4RH157711	Vehicle Make CHRYSLER	Vehicle Model LHS	Vehicle Year 1999	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Don Mc Colough</u> <u>Cry Marysville</u> State <u>CA</u> Zip Code <u>95901</u>		Engine Size (CID/CC/L) _____ No Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" 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 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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

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

CONSUMER RECEIVED RECALL 99V215000 CONCERNING THE LOWER CONTROL ARM. CONTACTED THE DEALER. DEALER INDICATED NO TOOL WAS AVAILABLE TO CORRECT THE PROBLEM. PLEASE GIVE ANY FURTHER DETAILS. *AK Dealer called Back stated They Had Tooles And made APT Dealer called Back stated Tools Had Ben Broken On Another Car. Canceled APT Dealer called Back stated They Had New Tools. Set APT For 3-16-00 0900 Took car To Dealer Dealer stated would Have Vehicle By 1200 went Back To Dealer 1200 Dealer stated They Had Broke Several small Drills Trying To Fix The car. (OVER)

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.

CHRYSLER WARRANTY REPAIR ORDER

RO 6004	VIN 2C3ED56F4RH157711	CUST. NO. 44057	NAME [REDACTED]	DATE RECEIVED 03/16/00
YEAR 1994	MAKE CHRYSLER	MODEL LHS	LIC.	TIME IN 08:17
MILES 44057	IN SERVICE DATE 00/00/00	SVC. ADV. (00)	PRIOR CLAIM NO.	PROMISED 00:00
CALL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REG. (143-916-V)	BUS. (00)	WRITTEN	AM/PM
ESTIMATED COST OF REPAIR			LABOR	PARTS
TOTAL			IF NOT ACCEPTED, RETURN MAIL TO DIR.	Dealer's Certification: By submission of this form, dealer certifies that the parts and/or labor below, were furnished on the described vehicle at no charge to the owners pursuant to Chrysler Corporation's Limited Warranty and/or current Chrysler Corporation policies and those repairs were not required due to accident involving property damage or personal injuries. A copy of this W.R.O. or a similar document describing the repairs performed has been provided to the customer.

X ONLY ONE TRANSACTION WRO RECALL FREIGHT SCC

1/2/3	OPER.	F.C.	WRS 1204	TECH	INSTRUCTIONS TO TECHNICIAN	DESCRIPTION/CONDITION AND CAUSE	AMOUNT
1				0811	PREFORM RECALL 837		
1				0811	PREFORMED RECALL 837		

WARRANTY REPAIR ORDER
(LONELI, J.-)
(LONEI 6004
8765

DON McCULLOUGH
 DODGE, CHRYSLER, PLYMOUTH, INC.
 (301) 742-6406
 P.O. BOX D • 529 5TH STREET
 MARYSVILLE, CALIFORNIA 95901

B.A.R. #AM-106810

WARRANTY REPAIR ORDER
 MOPAR REPAIR ORDER
 ORIGINAL INVOICE
 ORIGINAL RO/WV REPAIR DATE
 ORIGINAL RO/WV MILEAGE
 BATTERY PRO-RATA

W.P. U.
 CARLINE
 LCP BOOK USED
 DLR INSTALL

1/2/3	PART NO.	DESC.	QTY.	TOTAL PARTS (INCL. ALLOW.)
1	CBXR8370	BRACKET **FAILED**	1	14.30

RENTAL DAYS	SPECIAL SERVICE/CHARGES	INV. NO.	W/C	ADJUSTED
			.00	
AUTHORIZATION NO. 44058 DATE COMPLETE/NOTIFIED 03/16/00			LABOR PARTS SPECIAL SERVICES/CHARGES DEDUCTIBLE TOTAL TAX CHARGE CASH	
I hereby authorize the repair work to be done along with the necessary material, sublet and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on this car or truck to secure the amount of any charges for work not covered by Chrysler Corporation's warranty.			TOTAL .00 TAX .00 CHARGE CASH	



FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR OTHER CAUSE BEYOND OUR CONTROL.