


DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
		Date Received <b>06-JUN-2000</b>	
OWNER INFORMATION (Type or Print)		Reference No. <b>863080</b>	
<b>DAVID L. MILANOWSKI 612804</b> <b>2224 ELLIOTT ST., S.E.</b> <b>GRAND RAPIDS MI 49506</b>		Work Number Home Number <b>616-949-5373</b>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
<b>1C3EJ56H1SN608925</b>	<b>CHRYSLER</b>	<b>CONCORDE</b>	<b>1993</b>
Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>03270000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</b>	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 <b>0</b>	Date(s) of Failure(s) <b>15-MAY-2000</b> Mileage at Failure(s) <b>57000</b> Vehicle Speed at Failure(s) <b>0</b>	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>HEARD METAL SCRAPING IN FRONT WHEELS. STOPPED AT A BRAKE COMPANY. THEY INSPECTED VEHICLE, AND NOTICED THAT PADS AND ROTORS WERE 14 INCHES, INSTEAD OF 15 INCHES. THEY COULDN'T FIGURE OUT HOW CONSUMER WAS ABLE TO STOP. TECHNICIAN SAID IT WAS A MANUFACTURING AND ASSEMBLY PROBLEM. *AK</b>			

CONTINUE ON BACK IF NEEDED