

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 252

Date Received

13-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863544

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>(located at bottom of windshield or on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3C3EL55H4XT527131	CHRYSLER	SEBRING	1999	

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 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <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 Utl <input type="checkbox"/> 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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03214000	Part Name(s) BRAKES:HYDRAULIC:OTHER	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
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No. of Failures 0	Date(s) of Failure(s) 25-MAY-2000 Mileage at Failure(s) 21710 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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 0	Number of Fatalities 0	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)

THE CONSUMER STATED THAT HIS VEHICLE HAS 19000MP ON THIS VEHICLE. WHEN HE APPLIS HIS BRAKES THE PEDAL IS VERY SOFT AND THE VEHICLE BRAKES GRABS A LITTLE BIT.

CONTINUE ON BACK IF NEEDED

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 252	
 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) [Redacted] 614180		DEFECTS INVESTIGATION Data Received: ON AUG 14 PM 1:56 13 JUN-2000 OFFICE	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner: [Redacted] Date: 8/11/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
3C3EL55H4XT527131	CHRYSLER	SEBRING	1999
Current Odometer Reading			
24,900			
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)
7/2/99	CONWAY MOTORS		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	Zip Code
	BALDWIN	NY	11510
No Cylinders	Turbo Diesel Gas Fuel Injection		
6	<input checked="" type="checkbox"/> Fuel Injection		
Transmission Type	AntiLock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input checked="" 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	Part Name(s)	Location	Failed Part(s)
03200000	BRAKES:HYDRAULIC SYSTEM	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	29-MAY-2000 Mileage at Failure(s) 21710 Vehicle Speed at Failure(s) 0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE HAS ONLY 19000 MILES. UPON APPLYING THE BRAKES PEDAL GETS VERY SOFT, AND BRAKES GRAB SLIGHTLY. *AK 3/8/00 DEALER CLAIMED BRAKES WERE OK AFTER INSPECTING COMPLAINT. 4/12/00 DEALER BLED + ADJUSTED BRAKES AFTER INSPECTING COMPLAINT. 7/5/00 DEALER REPLACED FRONT BRAKES AFTER INSPECTING COMPLAINT. 7/28/00 DEALER REPLACED MASTER CYLINDER AFTER INSPECTING COMPLAINT. 8/11/00 BRAKE PEDAL STILL VERY SOFT			
CONTINUE ON BACK IF NEEDED			
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 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.			

99281

INWAY MOTORS INC.

24 SUNRISE HIGHWAY
BALDWIN, NY 11510
SERVICE 516-229-8667
PARTS 516-229-3773
SALES 516-229-7727
FAX 516-868-6037
TTY 516-378-6652



INVOICE
DUPLICATE
PAGE 1



SERVICE ADVISOR: 12 JOHN CARUSO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAX
PLATINUM	1999	CHRYSLER SEBRING	3C3EL55H4XT527131	Y553KW	19030/19031	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PC NO.	RATE	PAYMENT
23DEC1998			17:00 08MAR00		74.00	09MAR2000
R.O OPENED	READY	OPTIONS: STK:99281 DLR:CW ENG:2.5T.				
14:42 08MAR00	15:17 09MAR00					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES BRAKE PEDEL LOW							
05 NO PROBLEM FOUND WITH BRAKES							
			5	CP	0.00	0.00	0.00

B LUBE, CHANGE OIL AND FILTER							
10P LUBE, CHANGE OIL AND FILTER							
			5	CP	0.50	15.00	15.00
			5	4467720A OIL-ENGINE ONE QUART SAE	2.00	2.00	10.00
			1	5281090 FILTER-ENGINE OIL	4.95	4.95	4.95

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

Thank you for your patronage!

STATEMENT OF DISCLAIMER	DESCRIPTION	TOTALS
ALL WORK GUARANTEED	LABOR AMOUNT	15.00
12 MONTH / 12,000 MILES,	PARTS AMOUNT	14.95
WHICH-EVER COMES FIRST	GAS, OIL, LUBE	0.00
FOR DEALER INSTALLED	SUBLET AMOUNT	0.00
GENUINE CHRYSLER PARTS	MISC. CHARGES	0.00
AND ACCESSORIES.	TOTAL CHARGES	29.95
	LESS INSURANCE	0.00
	SALES TAX	2.55
CUSTOMER SIGNATURE	PLEASE PAY THIS AMOUNT	32.50
X _____		

99281

60211

CONWAY MOTORS INC.

24 SUNRISE HIGHWAY
BALDWIN, NY 11510
SERVICE 516-223-8867
PARTS 516-223-3773
SALES 516-223-7727
FAX 516-668-8037
TTY 516-378-6652

Established 1931



INVOICE



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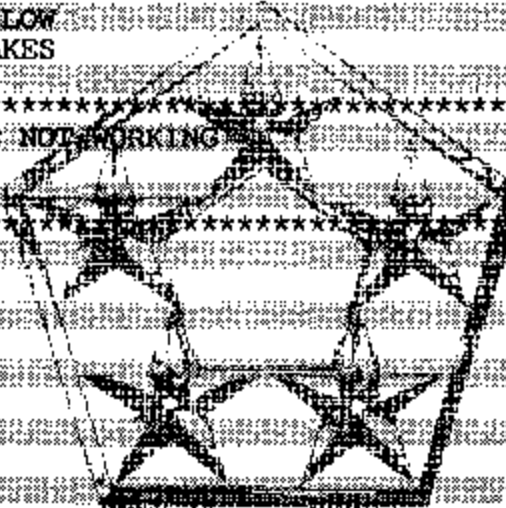
SERVICE ADVISOR: 12 JOHN CARUSO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
PLATINUM	1999	CHRYSLER SEBRING	3C3EL55H4XT527131	Y553KW	21706/21706		
DEL DATE	PROG DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
23DEC1998			17:00 12JUN00		74.00		12JUN2000
R.O. OPENED	READY	OPTIONS: STK:99281 DLR: CW ENG: 2.5L					
14:42 12JUN00	17:04 12JUN00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	LUBE, OIL & FILTER CHANGE COUPON				\$29.95		
	LOFC LUBE, OIL & FILTER CHANGE COUPON				\$29.95		
	5	CP		0.50		15.00	15.00
	5	4467720A	OIL-ENGINE ONE QUART SAE			2.00	2.00 10.00
	1	5281090	FILTER-ENGINE OIL			4.95	4.95 4.95

B	CUSTOMER TELLS BRAKES ARE LOW						
	05 BLEED AND ADJUST BRAKES						
	5	CP		0.00		0.00	0.00

C**	CUSTOMER STATES 1 REMOTE NOT WORKING						
	08 REMOTES WORKING						
	5	CP		0.00		0.00	0.00



PAID JUN 12 2000

WE DO EXPERT BODY AND COLLISION WORK

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER

ALL WORK GUARANTEED 12 MONTH / 12,000 MILES, WHICHEVER COMES FIRST FOR DEALER INSTALLED GENUINE CHRYSLER PARTS AND ACCESSORIES.

DESCRIPTION	TOTALS
LABOR AMOUNT	15.00
PARTS AMOUNT	14.95
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	29.95
LESS INSURANCE	0.00
SALES TAX	2.55
PLEASE PAY THIS AMOUNT	32.50

Thank you for your patronage!

CUSTOMER SIGNATURE
X _____

99281

60639

CONWAY MOTORS INC.

24 SUNRISE HIGHWAY
BALDWIN, NY 11510
SERVICE 516-223-6667
PARTS 516-223-3773
SALES 516-223-7727
FAX 516-666-9037
TTY 516-378-6662



INVOICE

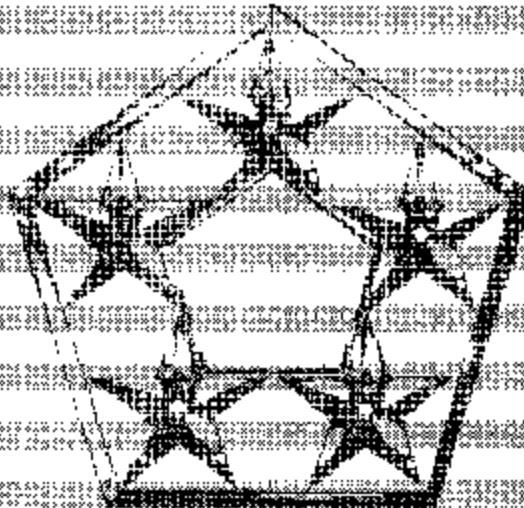


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SERVICE ADVISOR: 12 JOHN CARUSO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
PLATINUM	1999	CHRYSLER SEBRING	3C3EL55H4XT527131	Y553KW	23185/23185		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PG. NO.	RATE	PAYMENT	INV. DATE
23DEC1998			17:00 05JUL00		74.00		05JUL2000
R.O. OPENED	READY	OPTIONS: STK:99281 DLR:CW ENG:2.5L					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES BRAKES FEEL LOW							
05 REFACE FRONT BRAKE ROTORS REPLACE FRONT BRAKE PADS BLEED SYSTEM							
				6 CP 2.60		192.40	192.40
	Y1012926			PAD KIT FRONT DISC BRAKE	55.00	55.00	55.00



WE DO EXPERT BODY AND COLLISION WORK

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER
ALL WORK GUARANTEED
12 MONTH / 12,000 MILES,
WHICHEVER COMES FIRST
FOR DEALER INSTALLED
GENUINE CHRYSLER PARTS
AND ACCESSORIES.

DESCRIPTION	TOTALS
LABOR AMOUNT	192.40
PARTS AMOUNT	55.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	247.40
LESS INSURANCE	0.00
SALES TAX	21.03
PLEASE PAY THIS AMOUNT	268.43

Thank you for your patronage!

CUSTOMER SIGNATURE
X _____

