Form Approved: O.M.B. No. 2127-0038

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 28-JUN-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
Reference No. 864364	

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C3XY66R1LD737760	CHRYSLER	NEW YORKER	1990	

Purchase Date
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06300000	FUEL:FUEL INJECTION SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

FUEL IS LEAKING FROM THE FUEL INJECTION " O" RINGS AND FUEL RAIL. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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: 28-JUN-2000	Od_or / rt_dt / da_dt / up_ltr
RECEIVED 00 AUG 11 AM 9:01 OFFICE DEFECTS INVESTIGATION	Reference No. 864364

OWNER INFORMATION (Type or Print)

[redacted] 617234

Work Number [redacted]
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/31/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C3XY66R1LD737760	CHRYSLER	NEW YORKER	1990	82,067

Purchase Date: 8/96 ☐ New ☒ Used
Dealer's Name: Hacienda Chrysler
City: City of Industry State: CA. Zip Code:
Engine Size (CID/CC/L): ___ No Cylinders: 8
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

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 ☐ Minivan ☐ Other ☐ Sport Ut ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06300000	FUEL:FUEL INJECTION SYSTEM	☐ Left ☒ Front ☐ Right ☐ Rear	☒ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s): 6/24/00 Mileage at Failure(s): 81,732 Vehicle Speed at Failure(s): —	☒ Yes ☒ No (over)	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

FUEL IS LEAKING FROM THE FUEL INJECTION " O" RINGS AND FUEL RAIL. PLEASE GIVE ANY FURTHER DETAILS.*AK

This is a very dangerous problem. We also own a 1996 Chrysler Concorde that had the same problem it was covered under a vehicle recall for Chryslers between 1994-1997. Raw fuel was leaking

CONTINUE ON BACK IF NEEDED

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)

out on the engine. When the hood was opened, the fumes were more than apparent. My mechanic said "this is an accident waiting to happen. It could have been devastating."

The original part was made somewhere in Europe, Germany I believe. This company went out of business and another company started making a replacement part. The original part was found to be "faulty." The original "faulty" part was exactly the same on both cars.

☆ U.S. G.P.O.: 1992 – 623-697 / 60066

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

I hereby authorize the repair work listed hereon, including sublet work, to be done along with necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. Customer agrees to pay all collection costs and/or attorney's fees in the event default is made in any payment due. If automobile is returned to customer without repair service being performed, a diagnostic and handling charge (including reassembling) will be made. A 1.5% monthly interest charge, plus a $25 per day storage charge will be applied to all jobs, beginning one week after completion.

X [redacted]
CUSTOMER SIGNATURE

RECORD PERFORMANCE AUTO SERVICE
FOREIGN & DOMESTIC

8925 PECK RD.
EL MONTE, CA 91731
PHONE(626) 448-5838
AF079473

VIN # MODEL NEW YORKER

NAME, ADDRESS, CITY, STATE, ZIP CODE
[redacted]

HOME PHONE / WORK PHONE
[redacted] VIOLET

YEAR/MAKE	MILEAGE	PURCHASE ORDER
90 CHRYSLER	81792	
LICENSE NUMBER	EPA#CAC091725691	AD CODE / W/R/F: R
2PSX731		
TRANS/ENG #	COLOR	WRITTEN BY
A/6	TAN	

VEHICLE PROBLEM STATEMENTS

CHECK FOR NOISE STEERING WHEEL
CHECK FOR FUEL LEAK....ADVISE

FLAG RATE	MECH NO	LABOR OPERATIONS	PRICE
RCS	MM	REPLACE ABS CLOCK-SPRING	78.00
RFR	MM	R&I INTAKE PLENUM FOR ACCESS	72.00
RFR	MM	REPLACE FUEL INJECTION RAIL	0
RFR	MM	AND ALL INJECTOR "O" RINGS	0

RECOMMENDED SERVICE

ESTIMATE OF REPAIRS: Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

TOTAL LABOR 150.00

Parts installed are not warranted beyond that given by respective manufacturers. No other warranties are made except as listed on this invoice.

C	QTY	PART NUMBER	PART DESCRIPTION	AMOUNT
N	1	56007626	ABS CLOCKSPRING ASSY	164.44
N	1	4418644AB	FUEL INJECTION RAIL	258.36
		[illegible]	[illegible]	[illegible]
N	6	4897125AA	"O" RING KIT	64.08

Paid Ck# 1540

C=CODE N=NEW R=REBUILT U=USED C=REFUNDABLE CORE DEPOSIT

I acknowledge notice and oral approval of an increase in the original estimated price for added parts and/or labor.

SIGNATURE OR INITIALS

PHONE AUTHORIZATION 1: 2: DATE 1: 2: EMPLOYEE NO /

TIME

AMOUNT OF NEW ESTIMATE 1: 0 2: 0

48801 02/02/00

DONE ☒ CALLED ☒ SAVE PARTS: YES ☐ NO ☐

SUBLET 0	LABOR 150.00
SUPPLIES 5.06	PARTS 490.08
DATE 07/07/00	TOTAL TAX 40.84
P.O. NUMBER 48309	TOTAL 685.98

CUSTOMER COPY