



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 118

Data Received 14-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 870482	

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> 2C3HD56T6TH169305	Vehicle Make CHRYSLER	Vehicle Model CONCORDE	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck Motorcycle	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 01560000	Part Name(s) STEERING:LINKAGES:TIE ROD:END	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 76000 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
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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	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)

BECAUSE VEHICLE WOULD WANDER ALL OVER THE ROAD WHILE DRIVING AT ANY SPEED, IT WAS TAKEN TO DEALERSHIP. AT THE DEALERSHIP, BOTH TIE ROD ENDS WERE REPLACED. ONE OF TIE ROD BUSHING WAS GONE, AND THE OTHER BUSHING WAS WORN OUT. PLEASE PROVIDE ANY FURTHER INFORMATION.(AK

CONTINUED ON BACK (11888)

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 118	
 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	
OWNED INFORMATION (VIN, Make, Model, Year, Mileage) [Redacted] 638675		RECEIVED OCT-2 PM 1:16 14-SEP-2000 OFFICE GTS INVESTIGATION Reference No. 870482 Work Num [Redacted] Home Num [Redacted]	
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) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2C3HD58T6TH169305	CHRYSLER	CONCORDE	1995 1996
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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input checked="" 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
			<input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
			Body Style
			<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	Part Name(s)	Location	Failed Part(s)
D1860000	STEERING:LINKAGES:TIE ROD:END	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 78000 Vehicle Speed at Failure(s) _____	<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		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BECAUSE VEHICLE WOULD WANDER ALL OVER THE ROAD WHILE DRIVING AT ANY SPEED, IT WAS TAKEN TO DEALERSHIP, AT THE DEALERSHIP, BOTH TIE ROD ENDS WERE REPLACED. ONE OF TIE ROD BUSHING WAS GONE, AND THE OTHER BUSHING WAS WORN OUT. PLEASE PROVIDE ANY FURTHER INFORMATION. (AK)			
<i>The dealership mechanics check the car and reported the problem to the shop foreman. The shop foreman told us that he would recommend not driving the vehicle until repairs were made. He had to order the parts because they were not available over.</i>			
CONTINUE ON BACK IF NEEDED			
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CUSTOMER No.	1155	ADVISOR	JOHN BERTRAND	TAG No.	24	INVOICE DATE	09/12/00	INVOICE No.	C2CS10280
		LABOR RATE		LICENSE No.		MILEAGE	76,690	COLOR	WHITE/
		YEAR / MAKE / MODEL	96/CHRYSLER/CONCORDE/4DR SDN LX						
		VEHICLE I.D. No.	2 C 3 H D 5 6 T 6 T H 1 6 9 3 0 S						
		F. T. E. No.		P.O. No.		DELIVERY DATE	03/06/96	DELIVERY MILES	
		COMMENTS				SELLING DEALER NO.		PRODUCTION DATE	11/22/95
						R.O. DATE	09/11/00		

JOB# 1 CHARGES

LABOR
 J# 1 45CHZ STEERING/SUSPENSION HOURS: 3.00 TECH(S):179 149.85
 CUST. STATES THAT THE FRONT END WANDERS AND SOMETHING IS MAKING NOISE WHEN TURNING
 INNER TIE RODS BAD, L/F OUTER C.V. BOOT BAD
 REPLACED BOTH INNER TIE RODS, L/F OUTER C.V. BOOT

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
	2	4897947-AA	TIE ROD S 19027003	67.00	134.00
	1	4863722	BOOT HALF 2012001	39.25	39.25
				TOTAL PARTS	173.25

JOB# 1 TOTALS

LABOR	149.85
PARTS	173.25
JOB# 1 JOURNAL PREFIX C2CS JOB# 1 TOTAL	323.10

DISCLAIMER OF WARRANTIES
 The only warranties applying to this part(s) are those which may be offered by the manufacturer. The selling dealer hereby expressly disclaims all warranties other than those expressed, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this part(s) and/or service. Buyer shall not be entitled to recover from the selling dealer any consequential damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.

TERMS STRICTLY CASH OR CREDIT CARD ESTIMATES ARE FOR PARTS AND LABOR ONLY, MATERIALS ARE EXTRA. WE ACCEPT VISA-MASTER CARD-DISCOVER.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repair thereto. The owner of the below described vehicle agrees to pay any reasonable attorney's fees and court costs incurred in the collection of this account, or the perfection of any lien.

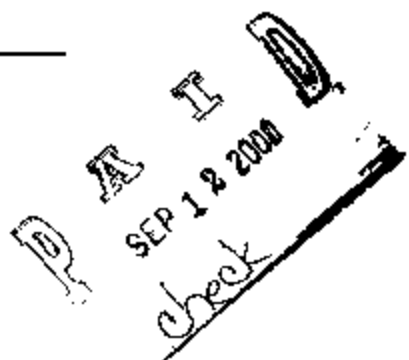
TECHNICIAN CERTIFICATION
 179 EDGAR ROY VIDRINE 8081

TOTALS

TOTAL LABOR....	149.85
TOTAL PARTS....	173.25
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	25.85
TOTAL INVOICE \$	348.95

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE _____


 SEP 18 2000
 check