

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY 156</b> Date Received <b>27-DEC-2000</b> Od_or rt_dt od_rt up_ltr Reference No. <b>877080</b>	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>663302</b>		Work Number Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" 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 ball of windshield on driver's side) <b>2C3HD36J1YH408172</b>	Vehicle Make <b>CHRYSLER</b>	Vehicle Model <b>CONCORDE</b>	Vehicle Year <b>2000</b>
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 _____	Sport/Utility Truck <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"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>06400000</b>	Part Name(s) <b>FUEL: THROTTLE LINKAGES AND CONTROL</b>	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) <b>19-DEC-2000</b> Mileage at Failure(s) <b>1</b> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>INTERMITTENTLY WHILE AT A STOP AND ABOUT TO ACCELERATE VEHICLE SUDDENLY ACCELERATED UP TO 70 RPM'S. OPERATOR HAD TO PLACE VEHICLE IN NEUTRAL POSITION AND RPM'S WENT BACK DOWN, ALMOST CAUSING A CRASH. MANUFACTURER AND DEALER COULD NOT DETERMINE CAUSE, AND WERE NOT WILLING TO ASSIST CONSUMER. PLEASE PROVIDE FURTHER INFORMATION. *AK</b>			
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.			

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p><b>FOR AGENCY USE ONLY 156</b></p>
	<p>Date Received: <b>27-DEC-2000</b></p> <p>Reference No.: <b>877060</b></p> <p>Work Number: _____</p> <p>Home Number: _____</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of a signature, please print your name and address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: **11/4/01**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>2C3HD36J1YH400172</b>	Vehicle Make <b>CHRYSLER</b>	Vehicle Model <b>CONCORDE</b>	Vehicle Year <b>2000</b>	Current Odometer Reading <b>3600</b>

Purchase Date <b>10-17-00</b>	Dealer's Name <b>REEDMAN</b>	Engine Size (CID/CC/L) _____
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>LANGHORNE</b> State <b>NS</b> Zip Code <b>19047-9965</b>	No Cylinders <b>6</b>

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <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	Body Style <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" 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 <b>08400000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL</b>	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) <b>19-DEC-2000</b> Mileage at Failure(s) <b>1875</b> Vehicle Speed at Failure(s) <b>70 MPH</b>	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 <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**INTERMITTENTLY WHILE AT A STOP AND ABOUT TO ACCELERATE VEHICLE SUDDENLY ACCELERATED UP TO 70 RPMs. OPERATOR HAD TO PLACE VEHICLE IN NEUTRAL POSITION AND RPMs WENT BACK DOWN, ALMOST CAUSING A CRASH. MANUFACTURER AND DEALER COULD NOT DETERMINE CAUSE, AND WERE NOT WILLING TO ASSIST CONSUMER. PLEASE PROVIDE FURTHER INFORMATION. \*AK**

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