 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 156	
	Date Received 16-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	Reference No. 878228
OWNER INFORMATION (Type or Print)		Work Number _____	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 _____ 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
1C3XY66R9MD175821	CHRYSLER	NEW YORKER	1991	
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 Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____	State _____	Zip Code _____	No. Cylinders _____
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style		
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		
		<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 06131000	Part Name(s) FUEL:FUEL LINES:METALLIC	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) 16-JAN-2001 Mileage at Failure(s) 71 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

FUEL RAIL LEAKED AT END OF RAIL WHICH WAS CRIMPED AND CAUSED FUEL TO LEAK ONTO ENGINE COMPARTMENT. THIS MAY HAVE CAUSED A FIRE. THERE IS A BACK ORDER ON FUEL RAIL, WHICH SEEMED TO BE A MAJOR PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

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 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	FOR AGENCY USE ONLY 156	
		Date Rec'd: 16-JAN-2001 8:34 AM FEDERAL BUREAU OF INVESTIGATION	Od_or _____ Rt_of _____ Od_rt _____ Up_Nr _____
OWNER INFORMATION (Type or Print) [Redacted] 666781		Reference No. 878228	
Work N: [Redacted] Home N: [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) 1C3XY66R9MD175821	Vehicle Make CHRYSLER	Vehicle Model NEW YORKER	Vehicle Year 1991	Current Odometer Reading 74,593		
Purchase Date 11/30/90	Dealers Name GAMBACORTA CHRYSLER-PLYMOUTH		Engine Size (CID/GCC/L) 3.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City NEW CASTLE State DE Zip Code 19720		No Cylinders 6	<input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" 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	Cruises Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	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 06131000	Part Name(s) FUEL:FUEL LINES:METALLIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 16-JAN-2001 Mileage at Failure(s) 71 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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)

FUEL RAIL LEAKED AT END OF RAIL WHICH WAS CRIMPED AND CAUSED FUEL TO LEAK ONTO ENGINE COMPARTMENT. THIS MAY HAVE CAUSED A FIRE. THERE IS A BACK ORDER ON FUEL RAIL, WHICH SEEMED TO BE A MAJOR PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

THE MIDDLE
 I elected to take the vehicle off the road til it could be repaired as I felt it was unsafe to drive

CONTINUE ON BACK IF NEEDED

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PEPBOYS

Pep Boys #82
2804 Concord Pk
Wilmington, DE 1980
(302) 478-7008

REG #1 TRX #820424
CASHIER #4831 01/28/01 18:33

*** Order #1107325, Hein, N Russell ***
1 FUEL RAIL RAYMOND DODGE 282.00
1 RFR RAIL FUEL 65.00
*** ORDER END ***
1 BRAKE CLEANERS 2.00
List Price: 3.41
Everyday Low Price: 2.00
3 Items Subtotal 299.00
Tax .00
Total 299.00
*** CHARGE *** 299.00-
Cash change .00

** You saved: .42 off list price! **

CARD: MAST ACCT: *****4810
AUTHORIZATION #: 029804 AUTO
EXP. DATE: 04/30/02

TOTAL CHARGE AMOUNT: 299.00

CARD HOLDER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
TOTAL SHOWN ABOVE AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH IN THE CARD
HOLDER'S AGREEMENT WITH THE ISSUER.

THANK YOU FOR SHOPPING AT
Pep Boys
RECEIPT REQUIRED FOR RETURN

STATE OF ...
COUNTY OF ...
MILWAUKEE, WISCONSIN
12/15/1964

WITH FOUR SERVICES

REFERENCE
Company
Address
City, State, Zip

DATE	12/15/64
ENTERED BY	DICAC
TIME IN	1:15 PM
TIME WOULD USE PASSED	1:30 PM
OLD PARTS REQUESTED BY CUSTOMER	NO

NO.	PARTS & LABOR	QTY.	UNIT PRICE	TOTAL	DATE AND TIME	COMPLETION DATE	LABOR RATE \$/HR.
1
2

THE FOLLOWING IS AN ESTIMATE OF THE WORK TO BE DONE BY THE SERVICE PERSONNEL OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) AT THE ABOVE ADDRESS. THE ESTIMATE IS BASED ON THE INFORMATION FURNISHED BY YOU AND IS SUBJECT TO CHANGE WITHOUT NOTICE IF THE NATURE OF THE WORK OR THE MATERIALS REQUIRED CHANGE. THE ESTIMATE IS NOT VALID FOR MORE THAN 30 DAYS FROM THE DATE OF ISSUANCE. THE NATIONAL FIRE PROTECTION ASSOCIATION AND ITS AFFILIATES ARE NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED BY YOU.

DATE	TIME	PERSONNEL	SERVICES	NO. HOURS	AT	NO.	LABOR COST
12/15/64	1:15 PM	...	...	...	...	...	...
12/15/64	1:30 PM	...	...	...	...	...	...