



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 252

Date Received

07-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_lfr _____

Reference No.

880024

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2Q3EL56F2PH568749	CHRYSLER	CONCORDE	1993	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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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 _____ <input type="checkbox"/> Sport Util 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 Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13720000	Part Name(s) STRUCTURE:HOOD ASSEMBLY:HINGE AND ATTACHMENTS	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
No. of Failures 0	Date(s) of Failure(s) 07-FEB-2001 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) 0	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 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)

HOOD SWITCH IS DEFECTIVE. WHEN CONSUMER LIFTS HOOD UP IT WILL NOT STAND UP ON ITS OWN. HYDRAULIC LIFT IS LEAKING, AND DEALERSHIP MECHANIC TOLD CONSUMER THAT REASON THAT HOOD WAS BROKEN WAS BECAUSE HE DIDN'T USE HOOD ENOUGH. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-1001
 400 7th Street, SW
 Washington, DC 20590

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.
 POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

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



U.S. G.P.O. 1986-029-877/82980

HER NAME IS MS AUKENDRA. I QUESTIONED HER WHETHER THIS IS A NEW CONCEPT IN MFT. WHEN NOT USING THE HOOD A LOT, IN VIEW OF THE LOW MILEAGE WAS THE REASON FOR THE HYDRAULIC BREAKDOWN HER REPLY WAS I GUESS SO. THE PRESENT CONDITION OF THE HOOD IS UNSAFE FOR ME. IN ORDER TO CHECK THE FLUID LEVELS ETC.

THIS IS THE CHRYSLER OFFICE THAT I CALLED.
 DETROIT CUSTOMER RELATIONS
 P.O. BOX 302
 CENTER LINE MI 48015-9302
 PHONE 800-992-1997
 AND SPOKE TO CO REP MS. AUKENDRA

* 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)									
INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
THE IDENTIFICATION NO.									
MANUFACTURER/TIRE NAME									
SIZE									

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail.