



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 119

Date Received

12-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

880385

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
2Q3HD56F35H589886	CHRYSLER	CONCORDE	1995	

Purchase Date <input checked="" type="checkbox"/> New <input 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 13620000	Part Name(s) STRUCTURE:TRUNK LID AND DOOR ASSEMBLY:HINGE AND ATTA	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	Date(s) of Failure(s) Mileage at Failure(s) 80 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

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)

THERE IS NO PROTECTIVE COVER ON LIGHT IN TRUCK. LIGHT HAS BURNED TWO LAYERS OF BLANKETS. *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.

 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 119 Date Received: <u>12-FEB-2001</u> Office: <u>OFFICE OF DEFECTS INVESTIGATION</u> Reference No.: <u>880385</u>	
	OWNER INFORMATION (Type or Print) [Redacted] 674203		Work Number: [Redacted] Home Number: [Redacted]	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 03/03/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2C3HD56F35H889886	Vehicle Make CHRYSLER	Vehicle Model CONCORDE	Vehicle Year 1995	Current Odometer Reading 82077	
Purchase Date <u>MAY 1, 1995</u>	Dealers Name <u>BROOKDALE CHRYSLER</u>		Engine Size (CID/CC) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>BROOKLYN CENTRE</u> State <u>MN</u> Zip Code <u>55429</u>		No. Cylinders _____	<input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Passengerside Airbag	Cruise 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 Utility <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 13620000	Part Name(s) STRUCTURE:TRUNK LID AND DOOR ASSEMBLY:HINGE AND ATTA	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures	Date(s) of Failure(s) <u>NOV. 9, 2000 - FEB. 8, 2001</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mileage at Failure(s) <u>80</u>				
Vehicle Speed at Failure(s) <u>STAPPED</u>				

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

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
THERE IS NO PROTECTIVE COVER ON LIGHT IN TRUNK. LIGHT HAS BURNED TWO LAYERS OF BLANKETS. *AK ALSO BURNED LADIES JACKET				

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.



DARNER
Chrysler - Plymouth
Jeep - Eagle

SERVING THE VALLEY SINCE 1939
480-969-7311

DIRECT SERVICE LINE: 480-464-5120
FAX: 480-464-5192

MIKE McDERMOTT
SERVICE MANAGER

837 W. MAIN STREET
MESA, ARIZONA 85201

SERVICE - PARTS - SALES



rows (no stamp needed) Fasten with tape or staple and mail

DN ON TIRE FAILURE(S) (IF APPLICABLE)

MANUFACTURER/TIRE NAME

SIZE

3 letters and numerals following the letters DOT. It is usually located
whitewall or on either side of a blackwall tire.

When loading or unloading The TRUNK The Light Bulb
becomes VERY HOT! IT has burned A blanket and
JACKET when they came in contact with this bulb in a
few minutes time. I feel there should be some kind
of shield over the bulb to prevent this from happening.
Value of items ruined was \$40 blanket (it was new)
and \$60 for the jacket. Would appreciate reimbursement
from Chrysler Corp or we may have to make some kind
of claim (ie. small claims court)
I'm enclosing verification from a Chrysler dealer in
Mesa, AZ. where I winter.

★ U.S.G.P.O.: 1992-575-017/0000

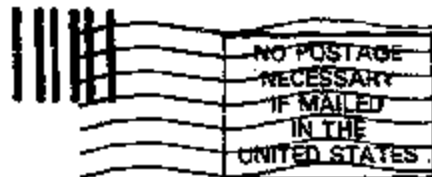
U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

Ms. Virginia Mady
600 S Idaho Rd. Space 852
Apache Junction, AZ 85219-5249



BUSINESS REPLY MAIL

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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
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Washington, DC 20590