



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 160**

Date Received

07-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

893718

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3EL56F1PH615754	CHRYSLER	CONCORDE	1993			
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	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input 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 _____	<input type="checkbox"/> 2-Door <input 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 08130000	Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP	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 Failure	Date(s) of Failure(s) _____ Mileage 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN BACKING OUT OF DRIVEWAY CONSUMER NOTICED GASOLINE PUDDLE. VEHICLE WAS TAKEN TO DEALER TO HAVE FUEL LINE REPLACED. APPARENTLY , LEAK WAS COMING FROM A COMPRESSED SEAL WHERE THE FLEXIBLE PART OF LINE AND SOLID PART OF LINE MET. \*AK

CONFIDENTIAL - KEEP HERE

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  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236  
 NATIONWIDE 1-888-DASH-2-DOT

**Vehicle Owner's Questionnaire (VOQ)**

Date Received: 07-AUG-2001  
 Effects Investigated: DEFECTS INVESTIGATION  
 Reference No.: 893718  
 Work Number: 706147  
 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 owner, please provide the name and address to the vehicle manufacturer.  
 Signature of Owner: [REDACTED] Date: 8/13/01

Vehicle Identification No. (VIN): 2C3EL56F1PH615754  
 Vehicle Make: CHRYSLER  
 Vehicle Model: CONCORDE  
 Vehicle Year: 1993  
 Current Occupant Reading: 35966

Purchase Date: [REDACTED]  
 Dealer's Name: BUTLER CHRYSLER  
 City: BUTLER State: N.J. Zip Code: 07405  
 Engine Size (CID/CYL): 6 No Cylinders  
 Fuel Injector:  Turbo  Diesel  Gas  Fuel Injector

Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  
 Cruise Control:  No  Yes  
 Drive Type:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Truck  Motorcycle  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 06130000  
 Pat Name(s): FUEL/FUEL LINES FITTINGS AND PUMP  
 Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement

No of Failures: [REDACTED]  
 Date(s) of Failure(s): 5/11/01  
 Mileage at Failure(s): 85000  
 Vehicle Sp. no at Failure(s): [REDACTED]

Failed Part(s):  Yes  No  
 Previously Failed:  Yes  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:  Yes  No  
 Fire:  Yes  No  
 Number of Persons Injured: [REDACTED]  
 Number of Fatalities: [REDACTED]  
 Estimated Property Damage: [REDACTED]  
 Reported to Police:  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**  
 I FEAR SOMEONE ELSE HAS THIS PROBLEM + DOESN'T KNOW IT \* (PLEASE WRITE UP!)  
 WHEN BACKING OUT OF DRIVEWAY CONSUMER NOTICED GASOLINE PUDDLE, VEHICLE WAS TAKEN TO DEALER TO HAVE FUEL LINE REPLACED. APPARENTLY, LEAK WAS COMING FROM COMPRESSED SEAL WHERE THE FLEXIBLE PART OF LINE AND SOLID PART OF LINE MET. \*AK  
 I HAD BEEN SMELLING GAS FUMES FOR ABOUT 2 WKS. BEFORE  
 WHEN EACH TIME I STOPPED (CAR HAD GOT OUT THE ODOOR (CAME OUT FROM THE REAR OF CAR BUT NOTHING WAS TO BE SEEN ON GROUND OR CAR. THEN ONE MORNING I WROTE BREAKING OUT IN SWEAT BEARS ODDER. TOOK CAR TO DEALER.

**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 ENFORCEMENT OR LITIGATION AGAINST A MANUFACTURER, YOUR RESPONSE, OR A STATISTICAL SUMMARY THEREOF, MAY BE USED IN SUPPORT OF THE AGENCY'S ACTION. DETERMINING WHETHER A MANUFACTURER SHOULD TAKE APPROPRIATE ACTION TO CORRECT A SAFETY DEFECT. IF THE NHTSA PROCEEDS WITH ADMINISTRATIVE SUBSEQUENT AMENDMENTS. YOU ARE UNDER NO OBLIGATION TO RESPOND TO THIS QUESTIONNAIRE. YOUR RESPONSE MAY BE USED TO ASSIST THE NHTSA IN**

*(This car is dealer maintained and has a 1 yr. warranty (extended))*

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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