



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 §20

Date Received

08-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893780

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) (Locate at bottom of windshield or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN PLEASE	CHRYSLER	NEW YORKER	1990	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No
			Drive Train
			☐ Front ☐ Rear ☐ 4-Wheel
			Vehicle Type
			☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style
			☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-AUG-2001 73000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DURING NORMAL OPERATION OF VEHICLE ABS LIGHT ON DASH BOARD CAME ON. DEALERSHIP HAS EXAMINED VEHICLE, AND INFORMED CONSUMER THAT VEHICLE WAS NOT INCLUDED IN RECALL 96V099000, WHICH WAS SIMILAR TO PROBLEM THAT VEHICLE WAS EXPERIENCING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIES OF REPORTS - FREE -

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920 Date Received <u>01 OCT 15 AM 9:01</u> 08-AUG-2001 OFFICE <u>DEFECTS INVESTIGATION</u> Reference No. <u>893780</u> Work Number _____ Home _____	
OWNER INFORMATION (Type or Print) 708220			
Do you authorize NHTSA to provide information in the absence of an authorization? ☐ YES ☒ NO Signature of Owner _____ Date <u>08/01/01</u>		Name and address of the vehicle manufacturer _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) FILL IN PLEASE <u>1C3XY66R1D724983</u>		Vehicle Make CHRYSLER	Vehicle Model NEW YORKER
		Vehicle Year 1990	Current Odometer Reading 75,400
Purchase Date _____ ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) <u>3.3L</u> No Cylinders <u>6</u> ☐ Turbo Diesel ☒ Gas Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>03250000</u>	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM		Location ☐ Left ☐ Right ☐ Front ☐ Rear
		Failed Part(s) ☐ Original ☐ Replacement	
No of Failures _____	Date(s) of Failure(s) <u>01-AUG-2001</u> Mileage at Failure(s) <u>73000</u> Vehicle Speed at Failure(s) _____		Failed Part(s) ☐ Yes ☐ No
		NHTSA Previously ☐ 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 <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage _____	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DURING NORMAL OPERATION OF VEHICLE ABS LIGHT ON DASH BOARD CAME ON. DEALERSHIP HAS EXAMINED VEHICLE, AND INFORMED CONSUMER THAT VEHICLE WAS NOT INCLUDED IN RECALL 96V099000, WHICH WAS SIMILAR TO PROBLEM THAT VEHICLE WAS EXPERIENCING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK <i>Subsequently, the brake pump failed suddenly, with loss of power brakes. Accident was narrowly avoided.</i> <i>Dealer and Chrysler will not cover any repair.</i>			
CONTINUE ON BACK IF NEEDED			
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**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)(5)**

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