



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 758**

Date Received

20-AUG-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

894692

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 windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3EL56FXPH644279	CHRYSLER	CONCORDE	1993			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 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	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> 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 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 05100000	Part Name(s) ENGINE	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 4	Date(s) of Failure(s) 15-APR-2001 78000 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
--	---	---------------------------	----------------------	--------------------------	---

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

VEHICLE STALLS AT ANY SPEED/ANY TIME. TOOK VEHICLE TO MECHANIC 4 TIMES, CANNOT FIND PROBLEM. \*AK

CONTINUE ON REVERSE

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.



**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY**  
 758  
 Date Received: 01 SEP 14 AM 7:52  
 Office: 20-AUG-2001  
 Reference No.: 894692

**OWNER INFORMATION (Type or Print)**  
 708973  
 [Redacted Name]  
 [Redacted Address]  
 [Redacted City, State, Zip]  
 [Redacted Phone 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: [Redacted] Date: 9/14/01

**VEHICLE INFORMATION**  
 Vehicle Ident. No. (VIN): 2C3EL56FXPH644279  
 Vehicle Make: CHRYSLER  
 Vehicle Model: CONCORDE  
 Vehicle Year: 1993  
 Current Odometer Reading: [Redacted]

Purchase Date: May '93  
 Used  New   
 Dealer's Name: [Redacted]  
 City: Belleville State: NJ Zip Code: [Redacted]  
 Engine Size: 6 (Cyl./C/C/L) No. Cylinders: 6  
 Fuel System: Turbo Diesel Gas Fuel Injectio  
 Transmission Type: Automatic  
 Manual  Automatic   
 Antilock Brakes: Restraint System  
 3-Point Belt  2-Point Belt   
 Motorbell  Inverse Airbag  Passenger Airbag   
 Cruise Control  No  Yes   
 Drive Train: Front  Rear  4-wheel   
 Vehicle Type: Car  Van  Minivan  Other   
 Sport Ut  Truck  Motorcycle   
 Body Style: 2-Door  4-Door  Stationwagon  Pick Up  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component: 05100000 ENGINE  
 Part Name(s): [Redacted]  
 Location: [Redacted]  
 Left  Right   
 Front  Rear   
 Replaced Part(s): Original  Replacement   
 Date(s) of Failure(s): 15-APR-2001  
 Mileage at Failure(s): 78000  
 Vehicle Speed at Failure(s): [Redacted]  
 No of Failures: 4  
 Failed: Yes  No   
 Replaced: Yes  No   
 Previously: Yes  No   
 NHTSA: 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   
 Number of Persons Injured: [Redacted]  
 Number of Fatalities: [Redacted]  
 Estimated Property Damage: [Redacted]  
 Reported in Police: Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**  
 VEHICLE STALLS AT ANY SPEED/ANY TIME. TOOK VEHICLE TO MECHANIC 4 TIMES, CANNOT FIND PROBLEM. AK  
 Mechanic kept over a week this time. Mechanic for 2 days. After week mechanic was believe he has found a problem. After 2 weeks mechanic was believe he has found a problem. After 2 weeks mechanic was believe he has found a problem. After 2 weeks mechanic was believe he has found a problem.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and may be used to assist the NHTSA in 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.