



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 2-24-00	Q1
Reference No.	Q2

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

Do you authorize NHTSA to provide a copy of this 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) Located at bottom of windshield or driver's side 2C3HL56F9SH503869	VEHICLE MAKE CHRYSLER	VEHICLE MODEL CONCORD	MANUFACTURE DATE	MODEL YEAR 1995
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input checked="" type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE 10/27/94	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME DOMENICH BASSO INC.	CITY LOS ANGELES	STATE CA
ENGINE SIZE (CID/CC/L) 3.5	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No
NO CYLINDERS 6	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver side Airbag <input checked="" type="radio"/> Passenger side Airbag <input checked="" type="radio"/> 3-Point Belt	2-Point Belt <input type="radio"/>	Motorcyclist <input type="radio"/>	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear	4-Wheel <input type="radio"/>	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Minivan <input type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Truck Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Station wagon

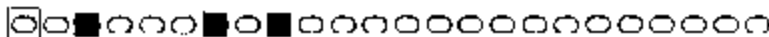
FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System - Exhaust <input type="radio"/> Heater Defrost, Ventilation <input type="radio"/> Interior <input checked="" type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other HOOD PROPS	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE JAN. 2000	TIRE NAME	COMPLETE TIRE SIZE
	RELEASE AT INCIDENT 46300	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Spring etc <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	VEHICLE SPEED AT INCIDENT Ø	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	

APPLICABLE 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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input checked="" type="radio"/> Weak/Poor Rt/Louse <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fel Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticker/Grabs <input type="radio"/> Stability/Vibration <input checked="" type="radio"/> Brake	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱		

PLEASE DO NOT WRITE IN THIS AREA



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