

U.S. DEPARTMENT of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-6393 DC/METRO/ARCA 202-366-0123		FOR AGENCY USE ONLY			
				ID	REFERENCE NO.	DATE RECEIVED	od_or rt_dt od_rt up_itr
		041		935092		08-DEC-92	
OWNER INFORMATION (TYPE OR PRINT)							
NAME and ADDRESS						TELEPHONE NO. (AREA CODE)	
[REDACTED]						[REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>							
In the absence of an authorization, NHTSA <i>WILL NOT</i> provide your name or address to the vehicle manufacturer.							
SIGNATURE OF OWNER						DATE	
VEHICLE INFORMATION							
VEHICLE IDENTIFICATION NO.* JAACH18E0EJ780118				VEHICLE MAKE ISUZU TRUCK		VEHICLE MODEL TROOPER	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE						MODEL YEAR 1988	
CURRENT ODOMETER READING		DATE PURCHASED		DEALER'S NAME, CITY, & STATE		ENGINE SIZE (CID/CYL)	
[REDACTED]		<input type="checkbox"/> NEW <input type="checkbox"/> USED				NO. CYLINDERS _____	
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC		ANTI LOCK BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO		RESTRAINT SYSTEM <input type="checkbox"/> DRIVER SIDE AIRBAG <input type="checkbox"/> PASSENGER SIDE AIRBAG <input type="checkbox"/> 3-POINT BELT		CRUISE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> MOTOR BELT <input type="checkbox"/> 2-POINT BELT		DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	
						BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)							
COMPONENT 13420000		PART NAME(S)		LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		FAIL FIT PART(S) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT	
NO. OF FAILURES		DATE(S) OF FAILURE(S) 29-OCT-92		MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MILEAGE AT FAILURE(S) 56000					
		VEHICLE SPEED AT FAILURE(S)					
APPLICABLE ACCIDENT INFORMATION							
ACCIDENT NO <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE NO <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER PERSONS INJURED 0		NUMBER OF FATALITIES 0	
				PROPERTY DAMAGE NO ESTS		POLICE REPORT FILED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(ES)							
FRONT AND REAR DOOR HINGES WILL BIND, AND WHEN DOOR IS SHUT, WILL NOT HATCH. 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.			

44149

Form Approved OMB No. 2127-0008

US DEPARTMENT of Transportation Auto Safety Hotline VEHICLE OWNER'S QUESTIONNAIRE National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-386-0123		FOR AGENCY USE ONLY ID: 041 REFERENCE NO.: 935097 DATE RECEIVED: 08-DEC-92 od_or _____ rt_dt _____ od_rt _____ up_llr _____			
OWNER INFORMATION (TYPE OR PRINT)					
NAME and ADDRESS [REDACTED]				TELEPHONE NO. (AREA CODE) [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
SIGNATURE OF OWNER				DATE	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO.* JAACH18E0EJ780118		VEHICLE MAKE ISUZU TRUCK		VEHICLE MODEL TROOPER	MODEL YEAR 1988
<small>* LOOKED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE</small>					
CURRENT ODOMETER READING [REDACTED]		DATE PURCHASED <input type="checkbox"/> NEW <input type="checkbox"/> USED		DEALERS NAME, CITY, & STATE [REDACTED]	
ENGINE SIZE (CYCLES) NO. CYLINDERS		<input type="checkbox"/> TURBO DIESEL GAS FUEL INJECTION			
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC	ANTI LOCK BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input type="checkbox"/> DRIVER SIDE AIRBAG <input type="checkbox"/> PASSENGER SIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> MOTOR BELT <input type="checkbox"/> 2-POINT BELT		CRUISE CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVE TRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL
BODY STYLE STANWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____					
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT 13420000	PART NAME(S)		LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		FAILED PART(S) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S) 29-OCT-92		MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S) 56000				
	VEHICLE SPEED AT FAILURE(S)				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT NO <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE NO <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER PERSONS INJURED 0	NUMBER OF FATALITIES 0
		PROPERTY DAMAGE AND EST\$	POLICE REPORT FILED <input type="checkbox"/> YES <input type="checkbox"/> NO		
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
FRONT AND REAR DOOR HINGES WILL BIND, AND WHEN DOOR IS SHUT, WILL NOT HATCH. AK					
CONTINUE ON BACK IF NEEDED					
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"WOODS"
935092



DIVISION OF CONSUMER SERVICES

Chrysler Corporation
Service and Parts Operations
Orlando Zone Office

32 AUG -3 PM 2:42

July 29, 1992

Florida Dept. of Agriculture & Consumer Services
Division of Consumer Services, The Capitol
Tallahassee, FL 32399

Attn: Mrs. Jane B. Chastain

Reference File #: [REDACTED]

Dear Mrs. Chastain:

This will acknowledge your correspondence of July 14, 1992 regarding the above referenced customer.

Mr. [REDACTED] contacted our Detroit office via letter on or about 3/9/92 stating this vehicle was involved in an accident and that there were several people injured. The owner concentrated on injuries the driver sustained and claimed that a faulty seat belt was the cause.

Chrysler Motors routinely investigates this type of situation if the vehicle is available at the time of notification. On 3/24/92 our Tampa District Manager, Mr. Andy Wallick, inspected this vehicle at a salvage yard in Hudson, Florida.

The inspection revealed that both front seat belts and mechanisms were functional. By removing the protective covers, we found the inertia activated mechanisms were unrestricted and fully operational.

After the inspection, Mr. Wallick and George Bomanski both contacted Mr. [REDACTED] via a telephone conference call. Mr. [REDACTED] stated that there were other passengers in this vehicle that were injured. However, only his daughter (the driver) was wearing a seat belt. We advised Mr. [REDACTED] that Mr. Wallick is a certified technician and that he found the belts operational.

continued...