

DP14-004

CHRYSLER

9/15/2014

Legals and Cust Complaints

PUBLIC



























































**WARNING**  
DO NOT REMOVE THIS LABEL  
OR COVER THE LABEL WITH ANY  
OTHER LABELS OR TAPE.  
IF THE LABEL IS DAMAGED,  
REPLACE IT WITH A NEW ONE.  
IF THE LABEL IS NOT  
PRESENT, CONTACT THE  
MANUFACTURER FOR  
REPLACEMENT LABELS.  
© 2008 GM Corp.

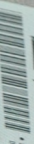
**▲ WARNING**

**EVEN WITH ADVANCED AIR BAGS**



- NEVER USE A MOBILE PHONE WHILE DRIVING
- ALWAYS WEAR YOUR SEAT BELT
- ALWAYS USE SAFE DRIVING TECHNIQUES
- ALWAYS DRIVE RESPONSIBLY AND DON'T DRINK AND DRIVE
- ALWAYS USE YOUR SAFETY SEAT BELT
- ALWAYS WEAR YOUR SAFETY SEAT BELT
- ALWAYS DRIVE RESPONSIBLY AND DON'T DRINK AND DRIVE

© 2008 GM







**⚠ WARNING**

**EVEN WITH ADVANCED AIR BAGS**

- CHILDREN CAN BE KILLED OR SERIOUSLY INJURED BY THE AIR BAG.
- THE BACK SEAT IS THE SAFEST PLACE FOR CHILDREN.
- NEVER PUT A REAR-FACING CHILD SEAT IN THE FRONT.
- ALWAYS USE SEAT BELTS AND CHILD RESTRAINTS.

SEE OWNER'S MANUAL FOR MORE INFORMATION ABOUT AIR BAGS.

model 230148





**⚠ WARNING**

**EVEN WITH ADVANCED AIR BAGS**



- CHILDREN CAN BE KILLED OR SERIOUSLY INJURED BY THE AIR BAG.
- THE **BACK SEAT** IS THE **SAFEST** PLACE FOR CHILDREN.
- **NEVER** PUT A REAR-FACING CHILD SEAT IN THE FRONT.
- **ALWAYS** USE **SEAT BELTS** AND **CHILD RESTRAINTS**.
- SEE OWNER'S MANUAL FOR MORE INFORMATION ABOUT AIR BAGS.



95361230AB





















































Southwest System and/or FHR Investigation  
(Use as Supplement to Inspection Report Form)

DRIVER INFO		PASSENGER INFO	
Name		Name	
DOB		DOB	
Sex		Sex	
Height		Height	
Weight		Weight	
Eye Color		Eye Color	
Hair Color		Hair Color	
Build		Build	
Signature		Signature	

Inspected by: *Lee Marks & Leah Leasing (please sign)*

Inspection at time of inspection:

Southwest System Information:







**Airbag System and/or LIDR Investigation**  
 (Use as Supplement to Accidents Investigation Form)

DRIVER INFO	PASSENGER
<input type="checkbox"/> Occupant	<input type="checkbox"/> Occupant
<input type="checkbox"/> Not Occupant	<input type="checkbox"/> Not Occupant
<input type="checkbox"/> Driver	<input type="checkbox"/> Driver
<input type="checkbox"/> Not Driver	<input type="checkbox"/> Not Driver
<input type="checkbox"/> Front	<input type="checkbox"/> Front
<input type="checkbox"/> Not Front	<input type="checkbox"/> Not Front
<input type="checkbox"/> Rear	<input type="checkbox"/> Rear
<input type="checkbox"/> Not Rear	<input type="checkbox"/> Not Rear
<input type="checkbox"/> Middle	<input type="checkbox"/> Middle
<input type="checkbox"/> Not Middle	<input type="checkbox"/> Not Middle
<input type="checkbox"/> Outboard	<input type="checkbox"/> Outboard
<input type="checkbox"/> Not Outboard	<input type="checkbox"/> Not Outboard
<input type="checkbox"/> Inboard	<input type="checkbox"/> Inboard
<input type="checkbox"/> Not Inboard	<input type="checkbox"/> Not Inboard
<input type="checkbox"/> Side	<input type="checkbox"/> Side
<input type="checkbox"/> Not Side	<input type="checkbox"/> Not Side
<input type="checkbox"/> Head	<input type="checkbox"/> Head
<input type="checkbox"/> Not Head	<input type="checkbox"/> Not Head
<input type="checkbox"/> Torso	<input type="checkbox"/> Torso
<input type="checkbox"/> Not Torso	<input type="checkbox"/> Not Torso
<input type="checkbox"/> Lower	<input type="checkbox"/> Lower
<input type="checkbox"/> Not Lower	<input type="checkbox"/> Not Lower
<input type="checkbox"/> Upper	<input type="checkbox"/> Upper
<input type="checkbox"/> Not Upper	<input type="checkbox"/> Not Upper

Seatbelt System Condition at time of Impaction:  
 Any Additional Comments:

RF = RFL Area, clear marks of load loads of front (please specify)

Page 1 of 2

Case No. \_\_\_\_\_  
 Confidential Attorney Work Product









































































































































































