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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
14-JUN-2005	Reference No. 10125270

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: NEW HAMPTON	State: IA	Zip Code:	

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 or address to the vehicle manufacturer
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number (viewed at bottom of windshield on driver's side)	Make	Model	Model Year
2C3JA53G95H	CHRYSLER	300	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-NOV-04	TORK ELSON MOTOR COMPANY			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: ELGIN	State: IA	Zip Code: 52141		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-FEB-2005			AIR BAG, Driver's, NOT operable. Remedy: Underdash wire HARNESS To be Replaced

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Enter details in each the following: Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT: CONSUMER STATES THAT THERE IS A SAFETY DEFECT IN THE AIR BAG DISBURSEMENT MECHANISM. THE CLOCK SPRING HAS BEEN REPLACED THREE TIMES, AND THE RED AIRBAG WARNING LIGHT COMES ON AND STAYS ON UNTIL THE CLOCK SPRING IS REPLACED. THE LIGHT BEING ON CAUSES THE AIRBAGS NOT TO WORK. THE WARNING LIGHT HAS COME ON EVERY TIME THE CLOCK SPRING HAS BEEN REPLACED.*AK

Remedy: Manufacturer pays underdash wire harness needs Replacing as material in harness is not up to quality.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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 responses, or a statistical summary thereof, may be used in support of the agency's action.