



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 ☐

17-JUN-2005 JUL 19

Reference No.
70125611

OWNER INFORMATION (Type or Print)

Name

Address

City NEW HAMPTON

State IA

Zip Code

Daytime Telephone Number

E-mail Address

Evening 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 or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2C3JA53G9H

Make
CHRYSLER

Model
300

Model Year
2005

Date Purchased
04-NOV-04

Dealer's Name and Telephone Number
TORKELSON MOTOR INC

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City
ELGIN

State
IA

Zip Code
52141

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
114200 ELECTRICAL SYSTEM; WIRING; INTERIOR/UNDER DASH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
17-JUN-2005

Failure Mileage

Failure Speed

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: DOTM19ABC036)

☐ 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

(Please describe in detail the incident(s), 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. THERE WAS A COMPLAINT FILED ON THIS VEHICLE ODI 10125270 CONCERNING AIR BAG LIGHT COMING ON AND STAYING ON. DEALERSHIP FOUND OUT IT WAS THE CLOCK SPRING, AND THEY HAVE REPLACED IT 3 TIMES, BUT IT KEPT FAILING. CURRENTLY, CAR WAS AT DEALER, THE DEALER STATED THAT THERE WAS INFERIOR WIRE USED ON WIRE HARNESS. DEALER WAS TO REPLACE ENTIRE WIRE HARNESS UNDER DAS BOARD. THERE WAS GOING TO BE A WEEK OR TWO DELAY IN GETTING THE PARTS. THEN THE WAS CONCERN THAT IF THERE WAS INFERIOR INSULATION INVOLVED WITH WIRE HARNESS THIS COULD CAUSE SEVERE PROBLEMS SUCH AS A FIRE. *AK
Further info from dealer after work completed: old wire harness had defective connection points. Also, a number of 300's made early had same defective harnesses installed. Car in question was built in April 2004.

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 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.