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
2005 OCT 14 PM 1:05 24-AUG-2005	Reference No. 10134062

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City TREVOR CITY	State MI	Zip Code	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	Make	Model	Model Year
2C3HE6	CHRYSLER	300M	2000

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
10-2003	BILL MARSH PRICE PONT 231-929-0672		No. Cylinders 8	Gas
Original Owner ☐	Dealer's City TRAVERSE CITY	State MI / Zip Code 49684		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	190000 TIRES
			Multiple Failure: 1

FAILED COMPONENT(S) /PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-AUG-2005	30000		WHEELS RIMS

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

(Please describe in detail the incident(s), Fatality(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: THE TIRE RIMS WILL NOT HOLD THE AIR BECAUSE CHROME PLATING PEALED OFF THE STAINLESS RIMS. CONTACTED THE DEALER, THEY SAID THE CONSUMER WOULD HAVE TO REPLACE THEM BY HIMSELF. THIS STARTED ON AUGUST 24, 2004. THOUGHT ORIGINALLY IT A NAIL HAD BEEN IN IT. TOOK VEHICLE TO THE DEALER AND THE SERVICE MANAGER SAID IT WAS A COMMON COMPLAINT. EVERY OTHER DAY HAD TO FILL UP TO 15 TO 20 LBS OF AIR.*AK

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