INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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 ☐
OCT 27 2011 23-AUG-2011	Reference No. 10421220

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City FARMINGTON	State IA	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	
Evening Telephone Number	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2C3JA53G75H[redacted]	CHRYSLER	300	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 05-APR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 021000 SUSPENSION: FRONT	Failure Mileage 70000	Failure Speed 10

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: DOTMAL9ABC036)	☐ 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).

TL* THE CONTACT OWNS A 2005 CHRYSLER 300. THE CONTACT WAS DRIVING 10 MPH WHEN A BANGING NOISE WAS HEARD FROM THE FRONT SUSPENSION. THE CONTACT TOOK THE VEHICLE TO A LOCAL MECHANIC WHO NOTICED A DEFECT IN THE TENSION STRUT ARM, WHICH WAS DETACHING AT THE BALL JOINT. THE MECHANIC STATED THAT IF THE TENSION STRUT ARM DISCONNECTED FROM THE BALL JOINT, THE FRONT TIRES WOULD BECOME INOPERABLE. THE MECHANIC STATED THAT THE TENSION ARM STRUTS WOULD NEED TO BE REPLACED. THE CONTACT DID NOT REPLACE THE TENSION STRUT ARMS. THE FAILURE MILEAGE AS WAS 70,000.

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