Form Approved: O.M.B. No. 2127-0005

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: OCT 27 2011

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Reference No. 10430238

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City SUISUN CITY | State CA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [redacted]

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
2C3AA63H55H[redacted]	CHRYSLER	300	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10/2004				No: Cylinders	
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☐ Cruise Control		51,088	11-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	~~50500~~ 51,088	

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	0	0	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 C. THE CONTACT STATED THAT VEHICLE FAILED TO SHIFT OUT OF PARK. THE VEHICLE WAS TAKEN TO A PRIVATE MECHANIC WHERE THE MECHANIC CONFIRMED THAT THE TRANSMISSION SHIFTER INTERLOCK LEVER NEEDED TO BE REPLACED. THE MANUFACTURER WAS CONTACTED AND THEY CONFIRMED THE VIN DID NOT QUALIFY FOR REPAIRS UNDER NHTSA CAMPAIGN ID NUMBER: 05V460000(POWER TRAIN:AUTOMATIC TRANSMISSION). THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE ~~50,500~~. 51,088

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