

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Date Received 04-SEP-2015 OCT 19 2015	
				Repository ☐	
				Reference No. 10761513	
OWNER INFORMATION (Type or Print)					
Name					
Address					
City	KNOXVILLE	State	TN	Zip Code	
		Evening Telephone Number		SAME	
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	
2C3AA53G05H		CHRYSLER		300	
Model Year		2005			
Date Purchased	Dealer's Name and Telephone Number		Engine:		Fuel Type:
1-8-2006	HARRY LANE CHRYSLER (865) 531-4000		No: Cylinders		GAS
Original Owner	Dealer's City		State	Zip Code	
☒	KNOXVILLE		TN	37934	
Transmission Type	☒ Antilock Brakes	Powertrain		Incident Date(s)	
	☒ Cruise Control	7/70		04-SEP-2015	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS				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	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. THE CONTACT RECEIVED NOTIFIED OF NHTSA CAMPAIGN NUMBER: 15V313000 (AIR BAGS); HOWEVER, THE PART WAS UNAVAILABLE TO PERFORM THE REPAIR. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REMEDY. THE MANUFACTURER WAS NOT NOTIFIED. THE CONTACT HAD NOT EXPERIENCED A FAILURE.					
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.					