



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

**Auto Safety Hotline**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 1362**

Date Received

20-FEB-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8004290

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make <b>CHRYSLER</b>	Vehicle Model <b>300M</b>	Vehicle Year <b>1999</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 06430000	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	--

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WITHOUT WARNING VEHICLE BEGAN TO ACCELERATE UP HILL, FASTER THAN FOOT PRESSURE APPLIED BY CONSUMER ON BRAKES. BRAKES FAILED. PLACED VEHICLE IN NEUTRAL VEHICLE ACCELERATED FASTER, CAUSING CONSUMER TO FORCE GEAR INTO PARK, SHUTTING VEHICLE OFF.\*AK**

CONTINUED ON REVERSE

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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 1362

Date Received: **20-FEB-2002**  
Office: **DEFECTS INVESTIGATION**

Od. or rt. dt. \_\_\_\_\_  
od. or rt. \_\_\_\_\_  
od. or rt. \_\_\_\_\_

Reference No. **8004290**

### OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of your name and address to the vehicle manufacturer.  
Signature of [Redacted] Date **3/24/02**

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) **2C3HE66G7X1170009** (Located at bottom of windshield on driver's side)  
Vehicle Make **CHRYSLER** Vehicle Model **300M** Vehicle Year **1999** Current Odometer Reading **62,421**

Purchase Date **3-17-99** Dealer's Name **Phil Long Jeep Chrysler** Engine Siz. (CID/CC/L) \_\_\_\_\_ Turbo Diesel Gas Fuel Injectio   
 New  Used City **Littleton** State **CO** Zip Code **80123** No Cylinders **6**

Transmission Type  Manual  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  Motorbelt  2-Point Bel  
 Driverside Airbag  Passengerside Airbag  
Cruise Control  Yes  No  
Drive Tral.  Front  Rear  4-Wheel  
Vehicle Type  Car  Sport Utl  Truck  Motorcycle  
 Van  Minivan  Other  
Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component ~~03250000~~ **06430000** Part Name(s) **BRKES:HYDRAULIC:ANTI-SKID:SYSTEM**  
**FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE** Location  Left  Right  Front  Rear Failed Part/s  Original  Replacement

No of Failures **1** Date(s) of Failure(s) **10-7-01** Mileage at Failure(s) \_\_\_\_\_ Vehicle Speed at Failure(s) **35 mph (and accelerating)** Failed Part(s)  Yes  No NHTSA Previously  Yes  No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash  Yes  No Fire  Yes  No Number of Persons Injured \_\_\_\_\_ Number of Fatalities \_\_\_\_\_ Estimated Property Damage \_\_\_\_\_ Reported to Police  Yes  No

### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WITHOUT WARNING VEHICLE BEGAN TO ACCELERATE UP HILL, FASTER THAN FOOT PRESSURE APPLIED BY CONSUMER ON BRAKES. BRAKES FAILED. PLACED VEHICLE IN NEUTRAL VEHICLE ACCELERATED FASTER, CAUSING CONSUMER TO FORCE GEAR INTO PARK, SHUTTING VEHICLE OFF.\*AK**

over

CONTINUE ON BACK IF NEEDED

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.

