



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 241

Date Received

08-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

853855

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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3HE66G5XH625418	CHRYSLER	300M	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12111200 12111300	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------------------	--	---	---

No. of Failures	Date(s) of Failure(s) 17-AUG-1999 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

AIR BAGS FAILED TO DEPLOY WHILE VEHICLE WAS INVOLVED IN AN ACCIDENT BY SIDE IMPACT ON DRIVER'S SIDE AT APPROXIMATELY 25-30 MPH. DEALER/ MANUFACTURER NOTIFIED. *AK

CONTINUED ON BACK (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.

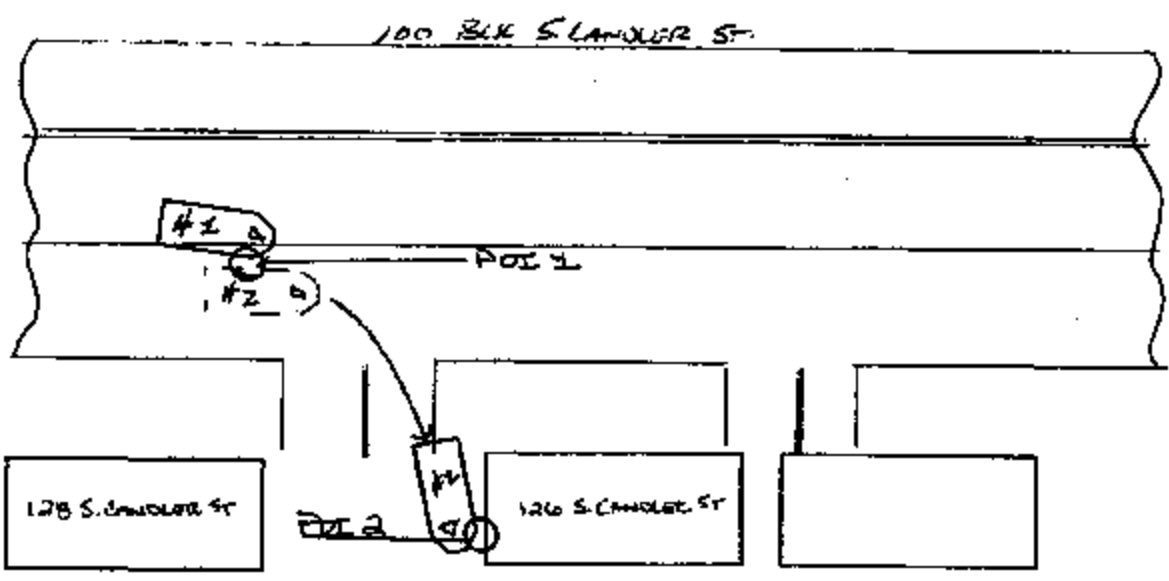
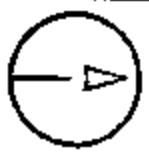
Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Od. or
[REDACTED]		09 JAN -3 AM 8:	_____
		08-DEC-1999	_____
		OFFICE	od_rt _____
		EFFECTS INVESTIGATION	up_itr _____
		Reference No.	853855
		Work Number	_____
		Home Number	_____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
In the absence of an authorized representative, NHTSA will use the name and address to the vehicle manufacturer.			
Signature of Owner		Date 12/21/99	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at a rear window or windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
2C3ME66G5XH625418	CHRYSLER	300M	1999
			2000
			Current Odometer Reading
			10,500
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
NOV 99	NEAL POPE DODGE	3.5	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City ATLANTA State GA Zip Code 30341	No Cylinders 6	<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Yes
<input type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> Driverside Airbag	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Motorbelt	
		<input type="checkbox"/> 2-Point Belt	
		<input type="checkbox"/> Passengerside Airbag	
			Drive Train
			<input checked="" type="checkbox"/> Front
			<input type="checkbox"/> Rear
			<input type="checkbox"/> 4-Wheel
			Vehicle Type
			<input checked="" type="checkbox"/> Car
			<input type="checkbox"/> Sport UR
			<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 checked="" 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	Part Name(s)	Location	Failed Part(s)
12111200	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA	<input checked="" type="checkbox"/> Left	<input type="checkbox"/> Original
12111300	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA	<input checked="" type="checkbox"/> Front	<input type="checkbox"/> Replacement
		<input type="checkbox"/> Right	
		<input type="checkbox"/> Rear	
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	17-AUG-1999	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 10000	<input checked="" type="checkbox"/> DENIED	
	Vehicle Speed at Failure(s) 30		
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ONE	NONE
			Estimated Property Damage
			HOUSE 2000
			CAR \$17,000
			Reported to Police
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			YES
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AIR BAGS FAILED TO DEPLOY WHILE VEHICLE WAS INVOLVED IN AN ACCIDENT BY SIDE IMPACT ON DRIVER'S SIDE AT APPROXIMATELY 25-30 MPH. DEALER/ MANUFACTURER NOTIFIED. *AK			
② VEHICLE FAILED TO STOP, WHEN BRAKE APPLIED.			
③ VEHICLE ACCELERATED FROM COMPLETE STOP.			
④ PICTURES WILL SHOW WHEELS LOCK, AND DRAGGING.			
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.			

REMARKS
 VEHICLE #2 WAS TRAVELING NORTHBOUND IN THE 100 BLOCK OF S. Candler St
 VEHICLE #1 WAS TRAVELING NORTHBOUND IN THE 100 BLOCK OF S. Candler St. VEHICLE #1
 ATTEMPTED TO CHANGE LANE STRIKING VEHICLE #2 IN THE DRIVER'S SIDE DOOR.
 DRIVER #1 STAMPED THE ACCELERATOR STUCK ON HIS VEHICLE, CAUSING HIM TO LEAVE
 THE ROADWAY AND STRIKE THE SIDE OF A HOUSE LOCATED IN THE 100
 BLOCK OF SOUTH Candler STREET. VEHICLE #1 FLEW THE SCENE

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

INDICATE ON THIS DIAGRAM WHAT HAPPENED NOT TO SCALE

INDICATE NORTH



Accident Investigation Site? Yes No
 Site Number: _____

CITATIONS - VEHICLE # 1: 0
 CITATIONS - VEHICLE # 2: 0

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
11	1	1	1	1	4	1	2	1	1

	VEH. # 1	VEH. # 2	SKID DISTANCE BEFORE IMPACT	AFTER	Width Of Road
Number of Occupants	1	1	0	0	36
Point Of Initial Contact	1	9	VEH. 1	VEH. 1	
Damage To Vehicles	2	4	VEH. 2	VEH. 2	

Damage Other Than Vehicle: 126 S. Candler St, Decatur GA 30030
 Owner: August Scott College

Occupants	Driver # 1 Or Pedestrian #	Driver # 2 Or Pedestrian #	AGE	SEX	VEH. NO.	POS.	INJURY	TAKEN FOR TREAT.	ELICIT	SAFETY EQUIP.	EXTINC.	AIR BAG
								0	2	1	3	2

Last Name	First	Address	City	State	Zip

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

County

DeKalb

Date Rec. By DPS

Date 08/19/99 Day of Week Sun M T W Th F S

Time 1720

Off. Arrived 1435

Total Number Of: Vehicles 2 Injured 0 Fatalities 0

Inside City Of Decatur

Road of Occurrence 100 SOUTH CANDLER ST. At Its Intersection With

1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St.

Corrected Report Yes No Suppl. To Original Yes No

Not At Its Intersection But 200 Miles 1 North 3 East 1 Feet 2 South 4 West

Of EAST COLLEGE AVE 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line

And Continuing In the Direction Checked Above The Next Reference Point is Johnson A Dr. 1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St. 5 Co. Line

Driver # 1 Last Name First Middle Address City State Zip DOB Driver's License No. Class State Male Female

Driver # 1 Last Name First Middle Address City State Zip DOB Driver's License No. Class State Male Female

Posted Speed Insurance Co. Policy No.

Posted Speed 35 Insurance Co. State Farm Policy No.

Year Make Model Telephone No.

Year Make Model Telephone No. 99 CHRYSLER 300M

VIN Vehicle Color Tag # State County Year

VIN 2C3HC66G5X1625418 Vehicle Color Black Tag # State County Year

Trailer Tag # State County Year

Trailer Tag # State County Year

Same as Driver Owner's Last Name First Middle Address City State Zip

Same as Driver Owner's Last Name First Middle Address City State Zip

Removed By Request List

Removed By Request List

Alcohol Test Type Results Drug Test Type Results

Alcohol Test 2 Type Results Drug Test Type Results

Driver Condition Direction of Travel Vision Obscured Contributing Factors

Driver Condition 1 Direction of Travel 1 Vision Obscured 1 Contributing Factors 20

Vehicle Condition Vehicle Maneuver Pedestrian Maneuver

Vehicle Condition 1 Vehicle Maneuver 6 Pedestrian Maneuver NA

Most Harmful Event Traffic Control Device Inoperative? Yes No

Most Harmful Event 1 Traffic Control 1 Device Inoperative? Yes No

Injured Taken To By:

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: Yes No By:

DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name Vehicle # Address City State Zip

Carrier Name Vehicle # Address City State Zip

Number of Axles G.V.W.R. Fed. Reportable Cargo Body Type

Number of Axles G.V.W.R. Fed. Reportable Cargo Body Type

Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intra-state

Vehicle Config. I.C.C.M.C. # U.S. D.O.T. # Interstate Intra-state

C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No Vehicle Placarded? Hazardous Materials? Released? 1 Yes 2 No

C.D.L.? 1 Yes 2 No C.D.L. Suspended? 1 Yes 2 No Vehicle Placarded? Hazardous Materials? Released? 1 Yes 2 No

If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:

If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:

Ran Off Road Down Hill Runaway Cargo Loss Or Shift Separation of Units

Ran Off Road Down Hill Runaway Cargo Loss Or Shift Separation of Units

10007 070-010