

U.S. Department
of TransportationNational 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 558

Data Received

14-SEP-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

870527

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2C3HE66G3XH699923	CHRYSLER	300 M	1999	

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 type="checkbox"/> New <input checked="" 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 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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
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No. of Failures	Date(s) of Failure(s) 07-SEP-2000 Mileage at Failure(s) 40000 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
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE VEHICLE WAS MOVING APPROXIMATELY 20 MPH, CONSUMER PRESSED BRAKE PEDAL TO STOP, AND PEDAL HIT FLOOR. VEHICLE DID NOT STOP, CAUSING CONSUMER TO REAR END VEHICLE IN FRONT OF HIM. AK

CONTINUED ON BACK PLEASE

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.

NSA

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 558</p>	
		<p>Date Received NOV 20 AM 10:15 14-SEP-2000 OFFICE OF DEFECTS INVESTIGATION</p>	<p>Od or rt_dtl _____ ad_rt _____ up_ltr _____</p>

OWNER INFORMATION (Type or Print)

638768

Work Number _____
Home _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 9/27/00

YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side) 2C3HE66G3XH889923	Vehicle Make CHRYSLER	Vehicle Model 300 M	Vehicle Year 1999	Current Odometer Reading 45,644		
Purchase Date 3/14/99	Dealer's Name _____		Engine Size (CID/CC/L) 2.53	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 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 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 03264000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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 Failures	Date(s) of Failure(s) 07-SEP-2000 Mileage at Failure(s) 40000 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
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October 26, 2000

Mr. D.R. Mucci
Special Investigations

Re: File # 7803537
Vehicle # 2C3HE66G3XH699923

Dear Mr. Mucci,

I am in receipt of your letter dated 10/9/00. While you have indicated that there are no manufacturing defaults, the reality of the matter is that the accident I had, was caused by something related to the failure of the brake system, whether it is a mechanical or design fault.

As indicated by an independant brake specialist, which I had hired to look at the brake system, they have found a defect in the master cylinder, of which I had them replace, to insure that the problem will not happen again. The new master cylinder replacement, was also a Daimler Chrysler Motors part. If there is a problem with the master cylinder, then I have not accomplished anything, and all I have done is replace one defective part with another. If, in fact it happened to be a one-time faulty part, then I hope the problem will no longer exist.

Regardless of the outcome, I am officially putting Daimler Chrysler Motors Corporation on notice, that they will be held responsible if something should happen further to the car relating to the braking system.

I am forwarding a copy of this letter to my insurance company, my lawyer, as well as the NHTSA, so that I go on record, in case of any future problems.

I hope that I would have the opportunity to enjoy the use of this vehicle for a long time, as I purchased it for its design, safety, and comfort, as well as the Daimler Chrysler name.

Sincerely,



DAIMLERCHRYSLER

DaimlerChrysler
Motors Corporation

October 9, 2000

Re: File No.: 7803537
Vehicle No.: 2C3HE66G3XH699923

Dear Mr. [REDACTED]

This will further acknowledge contact to DaimlerChrysler Motors Corporation, regarding your 1999 Chrysler 300M.

Naturally, we were sorry to learn of the incident involving the above referenced vehicle. We have had the opportunity to review the inspection report, and must inform you that we have been unable to determine any manufacturing responsibility.

Our inspection revealed that the components in question are operating as designed. Also, during the electronic testing, no fault codes appeared that would have indicated any malfunction at the time of the incident. Therefore, we must, respectfully decline any assistance associated with this incident.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity in reviewing this matter with you.

Sincerely,



D. R. Mucci
Special Investigations
(248) 944-7039

DRM/lg

DaimlerChrysler Motors Corporation
PO Box 21-8004
Auburn Hills MI USA 48321-8004
Phone 800.992.1997