



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 920

Date Received

28-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

895322

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3HE66G1XH819508	CHRYSLER	300M	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 Injectio			
<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 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	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	Date(s) of Failure(s) 01-AUG-2001 17000 Mileage 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	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 BACKING OUT OF A PARKING SPACE ENGINE SURGED AND ACCELERATED SUDDENLY. CONSUMER WAS NOT ABLE TO STOP VEHICLE, AND IT CRASHED INTO A PARKED VEHICLE. THERE WERE NO INJURIES DURING THIS INCIDENT. DEALERSHIP COULD NOT DETERMINE A CAUSE FOR THIS PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK

CONTINUE 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.



# Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

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

OWNER INFORMATION (Type or Print)

717708

Work Number

895322

Reference No.

Date Received  
01 SEP 25 4 59 PM '99  
2-AUG-2001

FOR AGENCY USE ONLY 92C

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
Signature of Owner: [Redacted] Date: 9/13/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	2C3HE66G1XH819508
Vehicle Make	CHRYSLER
Vehicle Model	300M
Vehicle Year	1999
Current (Original) Expiration	17,000 Miles

Purchase Date	Aug, 1999
Dealer's Name	Whitten Bros.
City	Richmond
State	VA
Zip Code	23235
Engine Size (CID/CC)	3.5
No. Cylinders	6
Fuel Injectio	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt
Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Passenger Side Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Driver Side Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cruise Control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Type	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
Body Style	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

Component	06400000
Part Name(s)	FUEL THROTTLE LINKAGES AND CONTROL
Location	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right
Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
Failed Part(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Previously Failed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Nc of Failures	1 - HAVEN'T DRIVEN SINCE
Date(s) of Failure(s)	01-AUG-2001
Mileage at Failure(s)	17000
Vehicle Speed at Failure(s)	car out of control - speed not known
Failed Part(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Previously Failed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Persons Injured	0
Number of Vehicles	0
Estimated Property Damage Reported to Police	my car approx \$1140
Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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CONTINUE ON BACK PAGE

The Privacy Act of 1974 (Public Law 93-502) 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.

