



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 436

Date Received

29-AUG-2001

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

Reference No.

895465

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)<br><small>(Location at bottom of<br/>windshield and driver's side<br/>door)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2C3HE66G3YH232826                                                                                            | CHRYSLER     | 300M          | 2000         |                          |

|                                                                       |                                       |                           |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name                         | Engine Size<br>(CID/CC/L) | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" 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<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |                                                                     |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>07301000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|               |                                                                        |                                                                            |                                                                              |
|---------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| No of Failure | Date(s) of Failure(s)<br>20-AUG-2001<br>12000<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

CONSUMER LEFT VEHICLE IN PARK AND RAN TO OPEN GATE. PROCESS WOULD TAKE APPROXIMATELY 1 MINUTE. CONSUMER'S BACK WAS TURNED WHEN VEHICLE STARTED ROLLING FORWARD. VEHICLE BUMPED CONSUMER, BUT NOT ENOUGH TO BE INJURED. DEALER CHECKED FOR ANY PROBLEM, BUT FOUND NOTHING.\*AK

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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.

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NAT ONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                  |                                                                                                                        | <b>FOR AGENCY USE ONLY</b> 436<br>Date Received: <u>01 SEP 2001</u><br><u>23-AUG-2001</u><br>DEFECTS IN A SAFETY SYSTEM<br>Office of Transportation Safety                                                                         |                                                                                                                                                                                                                                                                 |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 711919                                                                                                                                                                                                                                                      |                                                                                                                        | Reference No. 895465<br>Work Number [Redacted]<br>Home No. [Redacted]                                                                                                                                                              |                                                                                                                                                                                                                                                                 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date: ____/____/____ |                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Vehicle Ident. No. (VIN) (located on pillar, windshield on driver's side)                                                                                                                                                                                                                                          | Vehicle Make                                                                                                           | Vehicle Model                                                                                                                                                                                                                      | Vehicle Year                                                                                                                                                                                                                                                    |
| 2C3HE66G3YH232826                                                                                                                                                                                                                                                                                                  | CHRYSLER                                                                                                               | 300M                                                                                                                                                                                                                               | 2000                                                                                                                                                                                                                                                            |
| Purchase Date: <u>Dec 1999</u>                                                                                                                                                                                                                                                                                     | Dealer's Name: <u>Perkins Fabson</u>                                                                                   | Engine Size (CID/CC/L): _____                                                                                                                                                                                                      | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                              | City: <u>Wood</u> State: <u>Calif</u> Zip Code: <u>95797</u>                                                           | No Cylinders: _____                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |
| Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                   | Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                   | Restraint System:<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><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 checked="" type="checkbox"/> 4-Wheel                                                                                                   | Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck<br><input type="checkbox"/> Van <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Minivan <input type="checkbox"/> Other |
|                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                                                                                                                    | Body Style: <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck                                                                 |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| Component: 07301000                                                                                                                                                                                                                                                                                                | Part Name(s): POWER TRAIN TRANSMISSION: AUTOMATIC INTERLOCK 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): <u>20-AUG-2001</u><br>Mileage at Failure(s): <u>12300</u><br>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                                                                                                                                                                                      |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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)**

CONSUMER LEFT VEHICLE IN PARK AND RAN TO OPEN GATE, PROCESS WOULD TAKE APPROXIMATELY 1 MINUTE. CONSUMER'S BACK WAS TURNED WHEN VEHICLE STARTED ROLLING FORWARD. VEHICLE BUMPED CONSUMER, BUT NOT ENOUGH TO BE INJURED. DEALER CHECKED FOR ANY PROBLEM, BUT FOUND NOTHING. \*AK

CONTINUE ON BACK IF NEEDED

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