



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 758

Date Received

05-SEP-2001

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

Reference No.

895756

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	Vehicle Model	Vehicle Year	Current Odometer Reading		
2C3HE66G6XH741243	CHRYSLER	300M	1999			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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 checked="" 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 02700000	Part Name(s) TIRES	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-DEC-1999 31000 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TIRES WORE OUT PREMATURELY. ORIGINAL SET WAS REPLACED AT 7000 MILES. SECOND SET WAS REPLACED AT 27000 MILES. CURRENTLY AT 31000 MILES TIRES NEED REPLACEMENT AGAIN. TREAD WAS WEARING UNEVENLY AND MORE THAN IT SHOULD. PLEASE ADD MODEL OF TIRES AND SIZE.*AK

COPIES OF THIS FORM ARE:

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

Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY (758)

Date Received: 01-07-2001
 Reference No.: 895756
 Work Number: 712995
 Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of your signature, please provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 9/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 2C3HE66GXXH741243
 Vehicle Make: CHRYSLER
 Vehicle Model: [Redacted]
 Vehicle Year: 2001
 Current Odometer Reading: 82641

Purchase Date: 3-22-99
 Dealer's Name: Shoppers
 City: Philadelphia, State: PA, Zip Code: 19104
 Fuel Type: Gas Diesel Turbo Fuel Injector

Transmission Type: Automatic Manual
 Antilock Brakes: Restrain System No
 Cruise Control: Yes No
 Drive Type: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

Component: 02700000
 Part Name: TIRES
 Location: All 4 Tires
 Failed Parts: Original Replacement
 NHTSA Previously Failed Parts: Yes No

No of Failures: 3
 Date(s) of Failure(s): 01-DEC-1999
 Mileage at Failure(s): 31000
 Vehicle Speed at Failure(s): [Redacted]
 Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.

APPLICATION INCIDENT INFORMATION

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
File	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of Persons Injured	
Number of Failures	
Estimated Property Damage	
Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 TIRES WORE OUT PREMATURELY. ORIGINAL SET WAS REPLACED AT 7000 MILES. SECOND SET WAS REPLACED AT 27000 MILES. CURRENTLY AT 31000 MILES TIRES NEED REPLACEMENT AGAIN. TREAD WAS WEARING UNEVENLY AND MORE THAN IT SHOULD. PLEASE ADD MODEL OF TIRES AND SIZE. *AK DOT Mark BMW 4700

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.

CONTINUE ON BACK IF NEEDED



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

U.S. G.P.O.: 1982 - 222-877/40286

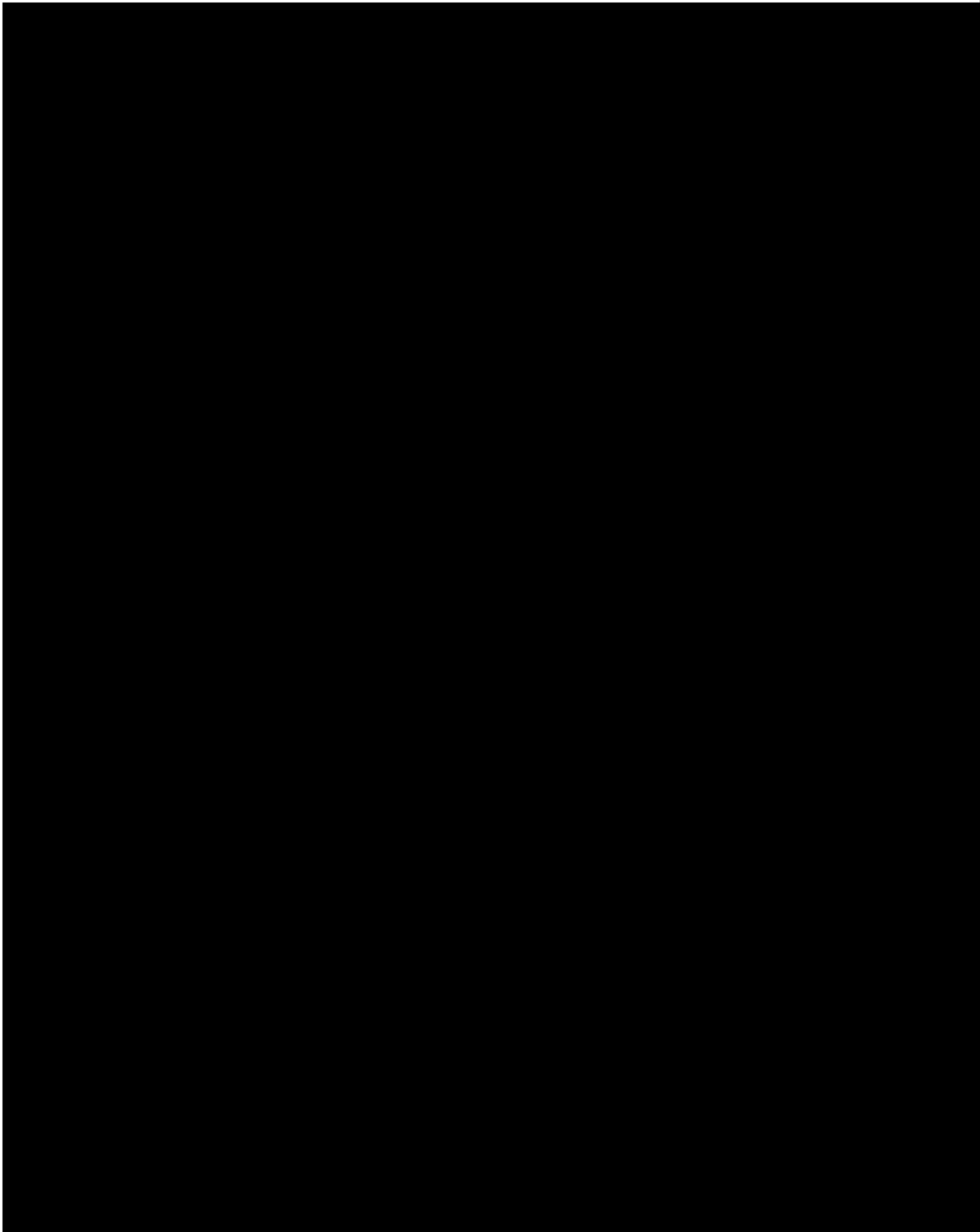
Chrysler offered a 75,000 mile warranty addition, but would not
guarantee that the problem was solved. Chrysler blames the tires
and the tire company says its the car. All I get is a new-around.
I have enclosed all of my information. If you have questions please contact
me.

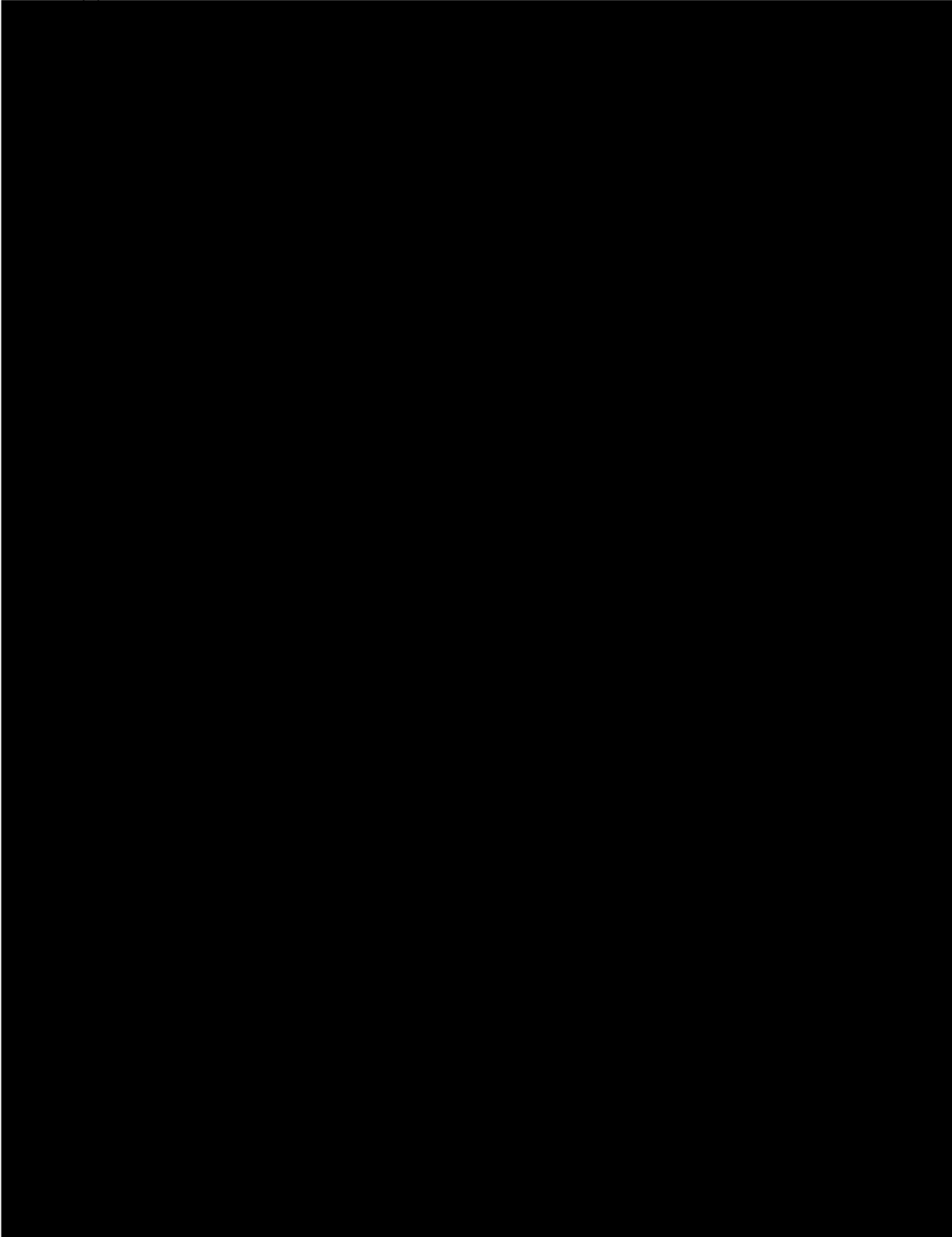
In addition, I have contacted Chrysler on several occasions.
First the PCOS offered the warranty extension then I went to arbitration
which was a joke. The arbitrator agreed something was wrong with
this car. He checked the tires said they were rotting again
and agreed something would be done. He lied to myself and my wife
and told Chrysler just be opposite. This man is dishonest.

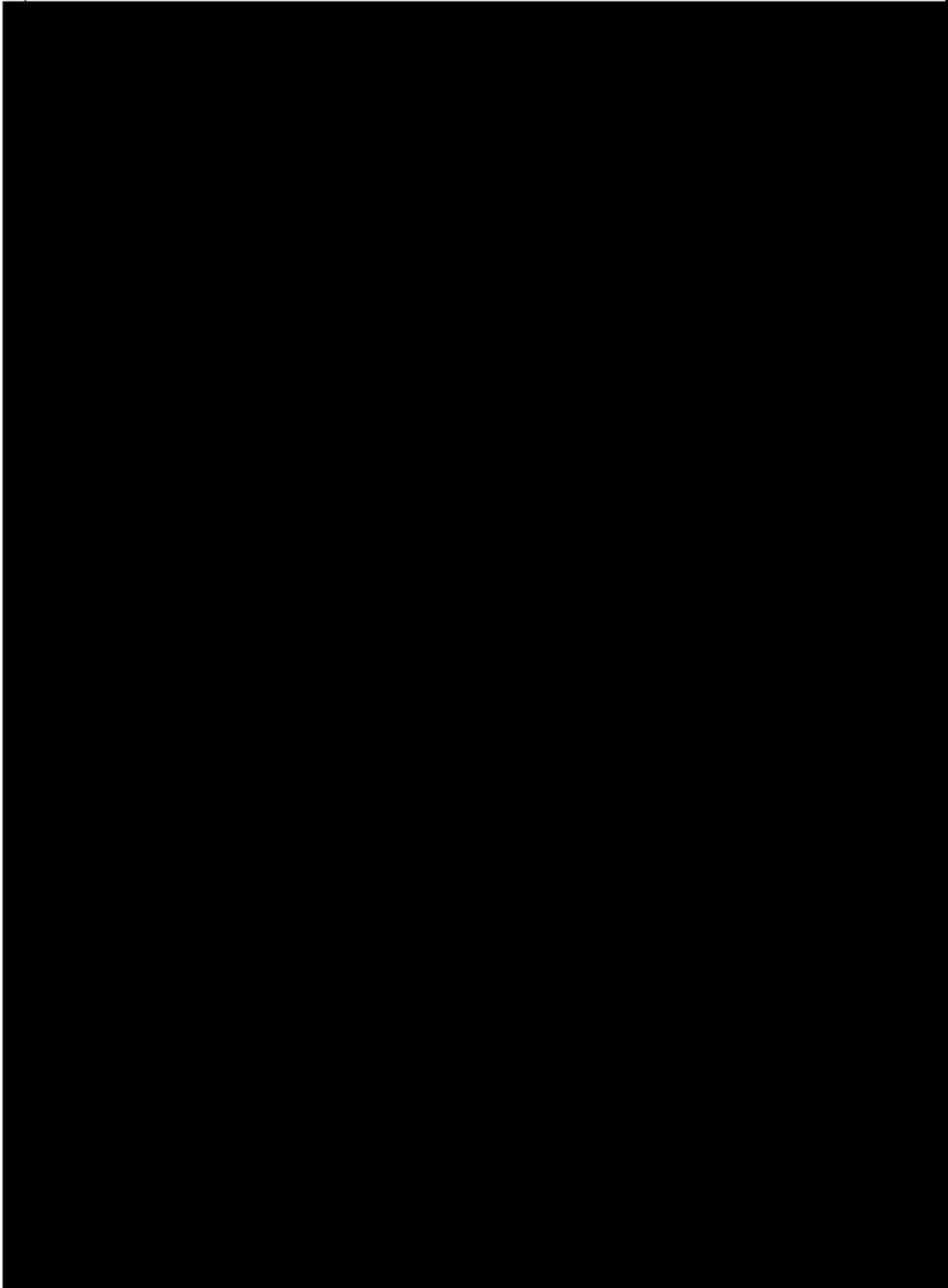
Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail	
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)	
TIRE IDENTIFICATION NO. *	
MANUFACTURER/TIRE NAME	
SIZE	
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.	
NARRATIVE DESCRIPTION (CONTINUED)	

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(5)

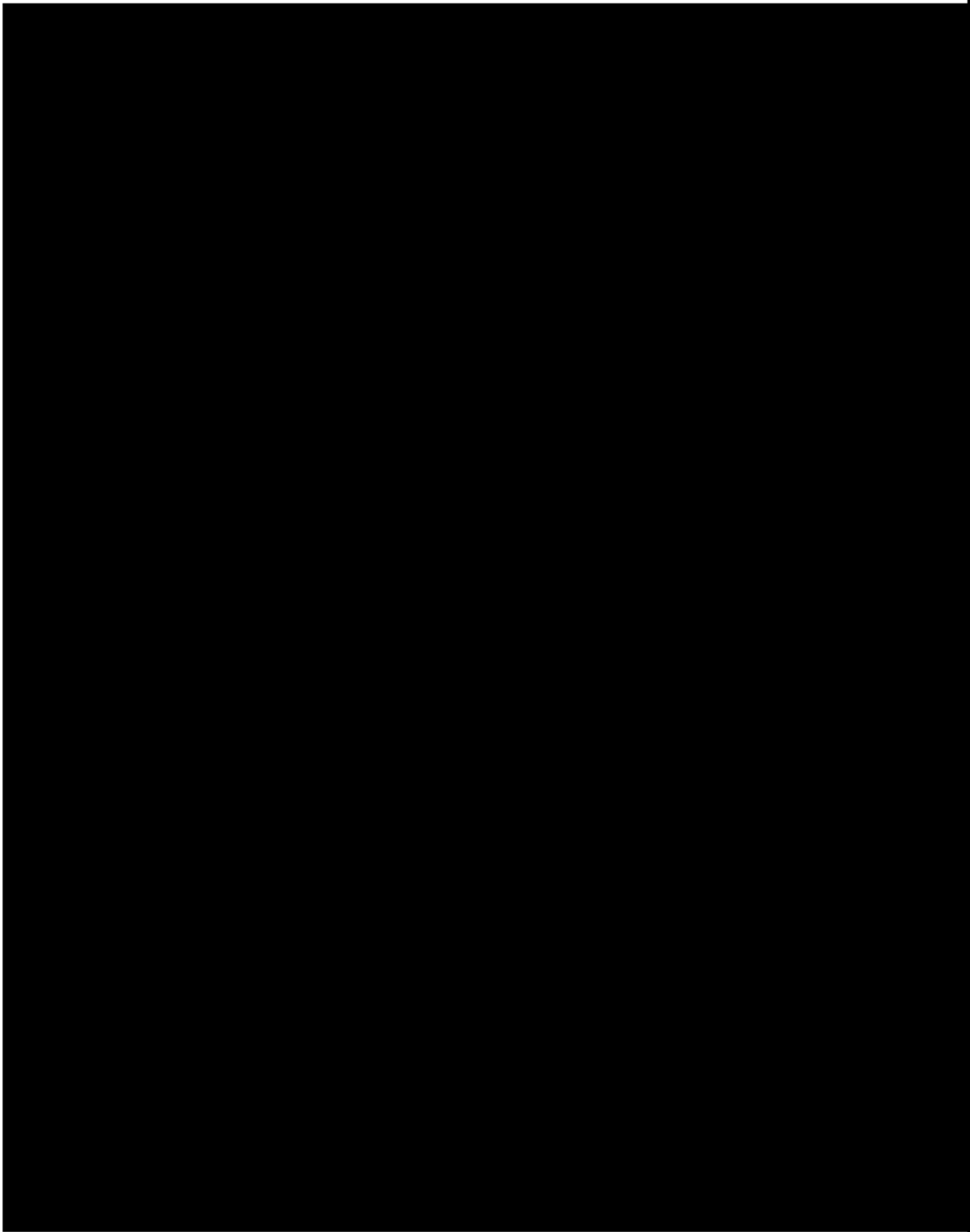
(Page 1 through Page 25)



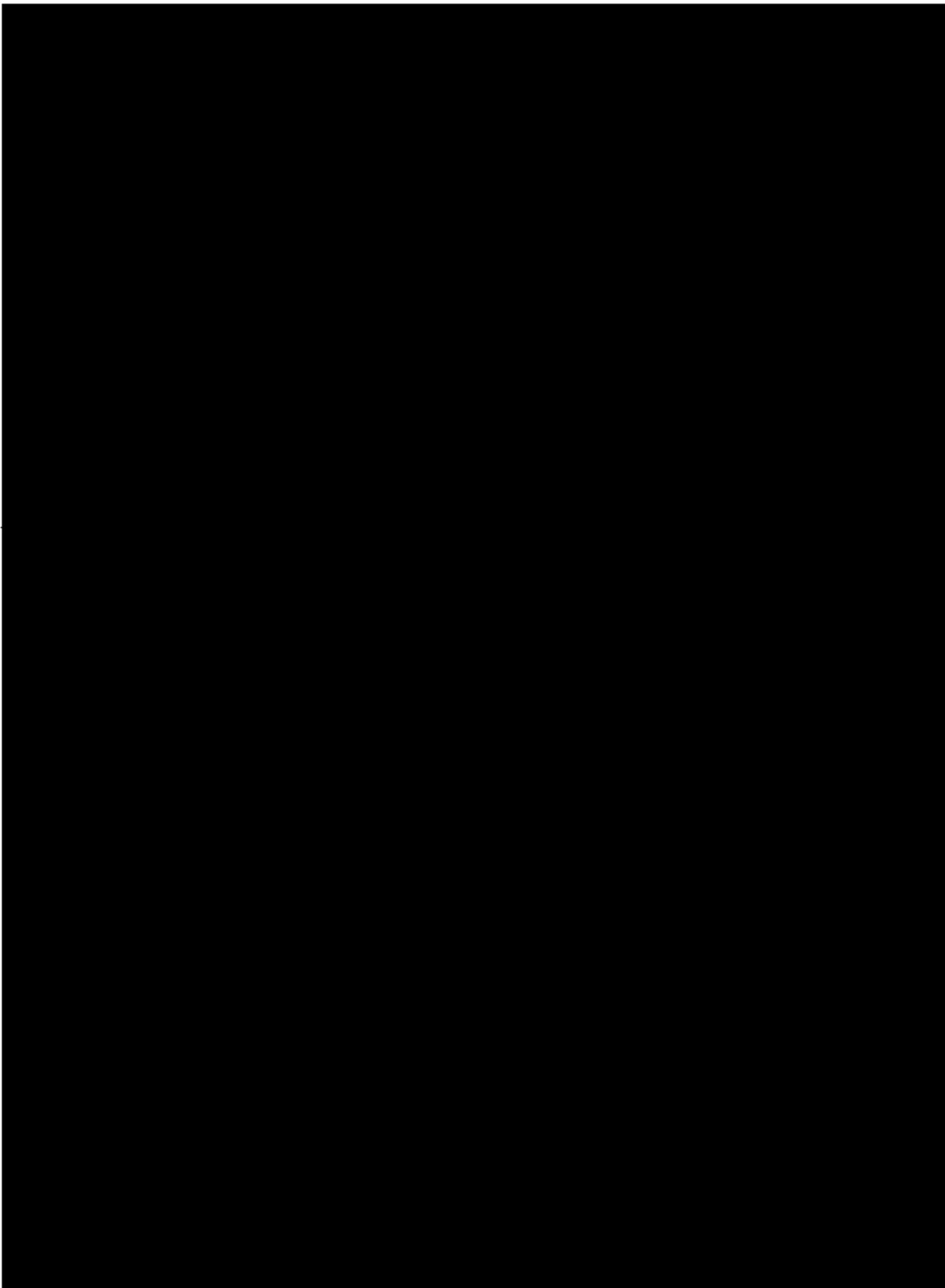




||







<small>Warranty: By extension of the same, when original person carries out the p... labor done, was furnished to the described effect, at no charge to the owner, pursuant to... <small>any warranties on the products and parts... <small>any other person is... <small>the date of the said products.</small></small></small> </small>		RHEINLANDER, V CL 715-365-7600	AUTHORIZED SIGNATURE AND DATE DATE OWNER NOTIFIED OR REPAIR COMPLETION MO. DAY YR.	AUTHORIZATION NUM.
CUSTOMER NO. 16230 THOMAS F ROYAKKERS 2401 SOUTH SHORE RD CHELSEA, MI 48114 RESIDENCE PHONE 715-547-3349		This bill was CHARGED ON ADVISOR CALVIN L BEHNT 9059 TAG NO. 811 LABOR RATE 56.00 LICENSE NO. MILEAGE IN 28765 YEAR/MAKE/MODEL 99/CHRYSLER/300M/4 DOOR SEDAN VEH CLS ID. NO. 2 C 3 H E 6 6 B 4 X H 7 4 1 2 4 3 P.T.E. NO. RD. NO.	DATE OFFERED BACK 05/30/01 COLOR DEEP SLATE/ DELIVERY DATE 03/27/99 DEALER NO. 66530 R.O. DATE 05/17/01	INVOICE NO. CHCS1117 STOCK NO. DELIVERY MILES PRODUCTION DATE PRIOR CLAIM NO.
BUSINESS PHONE <input type="checkbox"/> MOPAR WARRANTY REPAIR ORDER <input type="checkbox"/> TRANSPORTATION CLAIM		<input type="checkbox"/> WRO <input type="checkbox"/> SCG <input type="checkbox"/> FREIGHT <input type="checkbox"/> RECALL	MILEAGE OUT NO: 2876	Charge C:

LABOR & PARTS
 JOB # 1 15CHZ ALIGNMENT HOURS: 1.30 TECH(S): 9011
 ALION VEHICLE PER JERRY MALE SPECS
 PERFORMED FRONT ALIGNMENT AND INSTALLED NEW BOLTS TO
 ADJUST CAMBER.

PARTS	QTY	PN NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	4	6505362-AA	BOLT NONE 17015003	
JOB # 1	4	6505363-AA	NUT NONE 17015030	
JOB # 1 TOTAL PARTS				0.0
JOB # 1 TOTAL LABOR & PARTS				0.0

TOTALS	TOTAL LABOR...	0.0
	TOTAL PARTS...	0.0
	TOTAL BULLET...	0.0
	TOTAL G.O.G.	0.0
	TOTAL MISC CHG.	0.0
	TOTAL MISC DISC	0.0
	TOTAL TAX.....	0.0
	TOTAL INVOICE \$	0.0

CUSTOMER SIGNATURE

New tires again. This co. is to blame.

SHOULDER & CHRISLER CENTER
 226 SOUTH STATE STREET
 RHEINLANDER, MICHIGAN
 715-365-7600

THANK YOU

