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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY	
Date Received: 19-DEC-2002	Repository ☐
	Reference No.: 10001204

OFFICE OF DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number: [redacted]	E-mail Address:
City: ANNANDALE	State: VA	Zip Code: [redacted]	Evening Telephone Number:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authori[redacted]our name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12-19-02

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (located on bottom of windshield on driver's side)	Make	Model	Model Year
2B3HD46T8VH608045	DODGE	INTREPID	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12/16				No. Cylinders 6	
Original Owner ☑	Dealer's City: N. Bethesda	State: MD	Zip Code: 20895		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☐ Antilock Brakes ☑ Cruise Control		102000 VEHICLE SPEED CONTROL:LINKAGES Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-DEC-2002	85,735		Fuel injector leak

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER IS HAVING THE SAME FUEL LEAKAGE PROBLEM WITH THERE VEHICLE AS STATED IN RECALL NUMBER 98 V 184 000, BUT THERE VIN NUMBER IS NOT INCLUDED. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY