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

2003 OCT -1 AM 11:40
27-AUG-2003

FOR AGENCY USE ONLY 100147	
Date Received	Repository ☐
	Reference No. 10037711

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address [redacted]				
City SEDALIA	State MO	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 a [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/10/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1D7 HA18N 32 3 232470	DODGE	1500	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
6/17/02	Bryant Motors 660-826-2700		8	GAS
Original Owner ☒	Dealer's City Sedalia	State MO / Zip Code 65301		

Transmission Type			Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain	051000 ENGINE AND ENGINE COOLING:ENGINE
			Multiple Failure: # 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-APR-2003	1,500	0	

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: DOTHAL9ABC036)	☐ 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). 20

WHEN VEHICLE IS AT A STOP LIGHT OR STOP SIGN IT WOULD SHUT OFF WITHOUT WARNING. CONSUMER HAD BEEN TO THE DEALER ON FOUR OCCAISIONS, AND PROBLEM IS REOCCURRING. *AK

Engine Dies while Idleing at stoplight, Dealer has done up dates on Computer - Replaced computer done more up dates on computer - Repaired Vacuum Leaks - Replaced Throttle body + leaky gasket + more computer up dates. The engine still Dies.

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).