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

2005 SEP -6 AM 5:55

| FOR AGENCY USE ONLY 336 | |
|---|---|
| Date Received: 20-OCT-2003 | Repository ☐ |
| | Reference No.: 10044270 |

**OWNER INFORMATION (Type or Print)**

| Name | [redacted] | | |
|---|---|---|---|
| Address | [redacted] | | |
| City: PHOENIX | State: AZ | Zip Code: [redacted] | Daytime Telephone Number: [redacted] E-mail Address: some |

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☐ YES ☒ NO
*In the absence of [illegible] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.*
Signature of Owner: [redacted] Date: 8/22/05

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number (located at bottom of windshield on driver's side) | Make | Model | Model Year |
|---|---|---|---|
| 2B3HD46R6XH[redacted] | DODGE | INTREPID | 1999 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| Original Owner ☒ | Dealer's City: Avondale | State: AZ | Zip Code: 85323 | 6 | Unleaded |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| Automatic | ☒ Antilock Brakes<br>☒ Cruise Control | | 160000 SEAT BELTS<br>Multiple Failure: 1 |

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

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 7-17-01 | 90000 | Omph | Improperly restrained driver causing disabling severe soft tissue injury and head injury in rear end accident |

**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 Rear end | ☐ Yes ☒ No | one | 0 | X yes |

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).

DRIVER'S SIDE SEAT BELT WAS COMPLETELY RESTRAINED, BUT TOO MUCH. THE SEAT BELT TIGHTENED, CUTTING INTO THE DRIVER; THERE WAS NO PLAY IN BELT. *AK EACH time the vehicle was taken in for service (at least one to two occasions prior to the accident) both vehicle owners complained the adjusting mounts for the driver's side seat belt was not working properly and needed to be checked for adjustment problems. Each time, the service men said there was no problem. The adjusting mount failed to lock in the lower position for me the driver and when I was involved in a rear-end accident, the shoulder seat belt was always uncomfortable and pressing partially against the left side of my lower neck area. contributing to the disabling and serious injuries I suffering on the right side of my head, spine, back, and torso. The recall on this vehicle could not and was not repaired

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

to protect me from serious, disabling injuries.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

PHOENIX AZ 850

26 AUG 05 PM 5

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 NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
**Office of Defects Investigation, NVS-216**
400 7th Street, SW
Washington, DC 20590

# VEHICLE OWNER'S QUESTIONNAIRE

**DOT AUTO SAFETY HOTLINE**

COMPLETE THIS FORM OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline (DASH) 2 DOT

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