



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 1220

Date Received

2005 JAN -5 PM 11:47
14-DEC-2004

Repository ☐

Reference No.
10103712

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED]
Address [REDACTED] E-mail Address [REDACTED]
City ROCHESTER State NY Zip Code [REDACTED] Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2-27-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2B3HD46R0XH [REDACTED] Make DODGE Model INTREPID Model Year 1998
Date Purchased [REDACTED] Dealer's Name and Telephone Number JOSEPH SAPEL 585-544-4720
Original Owner ☐ Dealer's City ROCHESTER State NY Zip Code 1 [REDACTED] Engine: No. Cylinders 8 Fuel Type: GAS
Transmission Type AUTO ☒ Antilock Brakes ☒ Cruise Control Powertrain [REDACTED] Vehicle Component Code 051000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-NOV-2004 Failure Mileage 160000 Failure Speed 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P216/85R16)
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police 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).

WHILE DRIVING AT 35-40 MPH ENGINE FAILED. THERE WAS NO WARNING. CONTACTED THE DEALER, BUT PROBLEM RECURRED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.