Form Approved: O.M.B. No. 2127-0008

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 100216

Date Received: 24-JAN-2005

Repository ☐

Reference No. 10108765

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: GALVESTON | State: TX | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number: Same as Above

E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] to the vehicle manufacturer.

Signature of Own[redacted] Date: 3/7/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B3HD46RXXH[redacted]	DODGE	INTREPID	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Sept 1998	Rick Perez			No: Cylinders 6	
Original Owner ☒	Dealer's City: Galveston	State: Tx	Zip Code: 77551		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	010000 STEERING Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~09-MAR-2003~~ 09/March-04			"Metal Popping Noise when Steering was told it Steering System Rod was Bent" UNusual for Car that is a 1999

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: DOTMAL9ABC036)	☐ 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	0	0	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 ANY SPEED, THE CONSUMER HEARD A LOUD KNOCKING NOISE COMING FROM THE FRONT OF THE VEHICLE. WHILE TURNING RIGHT THE DRIVER HAS DIFFICULTY MAINTAINING CONTROL OF THE STEERING WHEEL. THE STEERING WHEEL JERKED. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. PLEASE PROVIDE FURTHER DETAILS.

The steering and tires are no longer providing necessary control of the entire car when driving there is a lot of "play" in the steering wheel.

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