



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

Reference No.
10126239

2005 AUG - 22 JAN 2005 26

OWNER INFORMATION (Type or Print)

Name ☐
Address ☐
City LOS LUNAS State NM Zip Code ☐

Daytime Telephone Number

E-mail Address

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 ☐ name or address to the vehicle manufacturer.
Signature of Owner ☐ Date 7/15/05

VEHICLE INFORMATION

17 Digit Vehicle Identification Number located at bottom of windshield on driver's side
2B3HD46R2X-☐

Make
DODGE

Model
INTREPID

Model Year
1999

Date Purchased
15-JAN-00

Dealer's Name and Telephone Number
GARCIA HONDA 505-260-5000

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☐

Dealer's City
ALBUQUERQUE

State
NM

Zip Code
87110

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
060000 ENGINE AND ENGINE COOLING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-JUN-2005

Failure Mileage
115000

Failure Speed
85

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: DOTM19ABC036)

☐ 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

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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).

DT: CONSUMER WAS DRIVING HOME ON JUNE 13, 2006 WHEN VEHICLE BEGAN OVERHEATING. SMOKE CAME FROM UNDERNEATH HOOD, TEMPERATURE LIGHT AND OIL LIGHT CAME ON. CONSUMER PULLED TO SIDE OF FREEWAY AND SHUT OFF VEHICLE AT ABOUT 5:30 PM. CONSUMER RETURNED AT ABOUT 8:30 PM TO FIND THAT VEHICLE WOULD NOT START. CONSUMER HAD VEHICLE TOWED TO LOCAL GARAGE, WHERE MECHANIC CHECKED TO FIND NO COMPRESSION ON CYLINDERS. MECHANIC TOLD CONSUMER ENGINE NEEDED TO BE REPLACED. TEMPERATURE AT TIME OF FAILURE WAS OVER 90 DEGREES. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974, Public Law 93-578. 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 response 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 response, or a statistical summary thereof, may be used in support of the agency's action.