



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 100148

Date Received
2006 FEB -7
17-JAN-2006

Repository
Reference No.
10147905

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LITHONIA State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of [REDACTED] name or address to the vehicle manufacturer, YES NO
Signature of Owner [REDACTED] Date 1/29/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2B3HD46G [REDACTED] Make DODGE Model INTREPID Model Year 2002
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 051000 ENGINE AND ENGINE COOLING; ENGINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-JAN-2006 Failure Mileage 93000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM1S9ABC036) 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 [REDACTED]

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*: THE CONTACT STATED WHILE DRIVING, THE CHECK ENGINE LIGHT ILLUMINATED. THE VEHICLE THEN SPATTERED, THE ENGINE DIED, AND THE VEHICLE COASTED TO THE SIDE OF THE ROAD. THE CONTACT WAITED A FEW MINUTES AND TRIED TO RESTART THE VEHICLE. THE VEHICLE DID NOT START. THE NEXT MORNING, THERE WAS ANOTHER ATTEMPT TO START THE VEHICLE. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP. *MM

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

The Privacy Act of 1974 (Public Law 93-502) 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.