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	Repository ☐
2006 APR 17 AM 7:18 24-MAR-2006	Reference No. 10153636

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: CARO	State: MI	Zip Code: [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES [redacted]
In the absence of an authorization, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B3HD4[redacted]	DODGE	INTREPID	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-JUL-03	UNKNOWN			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City: CARO	State: MI	Zip Code: 48723		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-MAR-2006	94360	55	

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	☐ Yes ☒ No			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).

DT*: THE CONTACT STATED WHILE DRIVING 55 MPH THE VEHICLE ENGINE SPUTTER, THE LOW OIL PRESSURE LIGHT ILLUMINATED AND THE ENGINE SEIZED. THE VEHICLE WAS PULLED OFF THE ROAD WITHOUT INCIDENT AND THEN TOWED TO AN INDEPENDENT REPAIR SHOP. PRIOR TO THIS INCIDENT THE TIMING CHAIN TENSIONER WAS REPLACED, THE MECHANIC DETERMINED THIS REPLACEMENT DID NOT CAUSE THIS ENGINE FAILURE. HOWEVER UPON INSPECTION OF THE ENGINE THERE WAS A LARGE AMOUNT OF OIL SLUDGE IN THE ENGINE BLOCK AND THE ENGINE NEEDS TO BE REPLACED.

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