



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 MAY 16 AM 9:02**
28-MAR-2006
Repository
Reference No. 10153950

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHARLOTTE State NC Zip Code [REDACTED]

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2B3HD46R92H [REDACTED]
Make DODGE Model INTREPID Model Year 2002
Date Purchased 31-MAR-05 Dealer's Name and Telephone Number SCOTT CLARK TOYOTA Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City CHARLOTTE State NC Zip Code 28227
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN
Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-MAR-2006 Failure Mileage ~~73000~~ 71,000 Failure Speed 40

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 Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ 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).

DT: THE CONTACT STATED WHILE DRIVING 40 MPH THE ENGINE FAILED. THE SERVICE ENGINE LIGHT ILLUMINATED AND THE TEMPERATURE GAUGE WENT TO HOT. THE VEHICLE WAS TOWED TO THE DEALERSHIP AND THEY DETERMINED THE ENGINE NEEDED TO BE REPLACED.

found out that the timing chain slipped causing complete engine failure

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 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.