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
20-JUN-2006 (06 JUL -5 AM 9:35)	Reference No. 10160224

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City ROCKPORT / State MA / Zip Code 01966		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6-24-06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B3HD5[redacted]	DODGE	INTREPID	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-AUG-98	SUDBAY 800-698-1512			No. Cylinders 6	Gas
Original Owner [X]	Dealer's City GLOUCESTER	State MA	Zip Code 02930		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	ALL WHEEL DRIVE	034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-JUN-2006	56500	50	

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: DOTMALSAABC1136)	[ ] 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 [X] No	[ ] Yes [X] 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 THE BRAKE PEDAL WAS DEPRESSED WHILE TRAVELING AT 50MPH AND IT WENT COMPLETELY FLOOR. THE BRAKE RETUNED BY A SPRING, BUT THERE WAS ONLY AROUND 2% OF BRAKING POWER. THE AUTOMATIC TRANSMISSION WAS DOWNSHIFTED, BUT THE TRANSMISSION FAILED TO MOVE FROM THE DRIVE POSITION, ALTHOUGH THE LEVER INDICATED AN AUTO STICK POSITION. THE ACCELERATOR PEDAL WAS RELEASED AND THE VEHICLE EVENTUALLY SLOWED TO A STOP ON ITS OWN. THE VEHICLE WAS DRIVEN SLOWLY TO A BRAKE REPAIR SHOP WHERE IT WAS DETERMINED THE BRAKE LINE WAS CORRODED AND RUPTURED. THE BRAKE LINE WAS REPLACED. THE VEHICLE HAS NOT BEEN INSPECTED CONCERNING THE TRANSMISSION PROBLEM. THE MANUFACTURER HAS NOT BEEN ALERTED. THE VEHICLE IS BEING USED IN A SALT BELT STATE AND THERE HAVE BEEN OTHER CORROSION ISSUES, SUCH AS THE MASTER CYLINDER AND BRAKE ROTORS.

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