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-SEP-2006	Reference No. 10168748

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City VANCOUVER	State WA	Zip Code	

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	Make	Model	Model Year
2B3HD46T6VH	DODGE	INTREPID	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-98	HERTZ AUTO SALES UNKNOWN			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City PORTLAND	State OR	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	103500 POWER TRAIN:AUTOMATIC TRANSMISSION:LEVER AND LIN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-SEP-2006	108240		

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: DOTMAL9ABC036)	☐ 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 THE VEHICLE WAS PARKED IN A PARKING LOT, UPON ATTEMPTING TO ENTER THE VEHICLE, THE OCCUPANT'S PURSE BECAME ENTANGLED WITH THE FLOOR GEAR SHIFT ALLOWING THE GEAR SHIFT TO MOVE OUT OF PLACE WITHOUT THE KEYS IN THE IGNITION. THE VEHICLE ROLLED BACKWARDS DOWN AN INCLINE WHERE A BYSTANDER ENTERED THE VEHICLE AND ENGAGED THE EMERGENCY PARKING BRAKE. THERE WAS A NHTSA RECALL, # 04V021000, REGARDING THE AUTOMATIC TRANSMISSION FLOOR SHIFT. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE MANUFACTURER WAS NOTIFIED.

My car's Gear Shift is on the Steering Column not on the floor. Luckily no one was injured and no vehicles were damaged. Enclosed is the repair bill

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).