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

2007 JUL 18 AM 7:21

FOR AGENCY USE ONLY 100148

Date Received: 07-JUN-2007

Repository ☐

Reference No.: 10152881

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: INDIANAPOLIS | State: IN | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

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
1B3EL46R9N[redacted]	DODGE	STRATUS	1995 2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders: 6	Fuel Type: Gas
Original Owner ☐	Dealer's City: KOKOMO	State: IN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-MAY-2006	25000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example: P235/60R15)
DOT No. (Example: DOTHALN4CC99)	☐ 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	1	0	Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its causes, if known, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

TL* THE CONTACT WAS DRIVING A 1995 DODGE STRATUS RENTAL CAR.
WHILE DRIVING THE BRAKES FAILED ON THE VEHICLE. THERE WERE NO WARNING INDICATORS. THE FAILURE RESULTED IN A CRASH. THERE WAS ONE MINOR INJURY. THE FAILURE MILEAGE WAS 25,000. THE VEHICLE FAILURE HAS NOT BEEN DIAGNOSED AT THIS TIME. THE ERRONE SIZE IS UNKNOWN.

Includes, 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 failure notice 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 a compliance action or conduct a safety defect, Title, NHTSA procedural and administrative enforcement or litigation against a manufacturer, your response, or additional information thereof, may be used in part of the agency's audits.

CCIN37

VEHICLE ACCIDENT REPORT
ENTERPRISE RENT-A-CAR

AMANDA MOON
800-925-246,

ENTERPRISE RENT A CAR
6642 NORTHWESTERN DRIVE
SIOUXVILLE IN 46077

ETT 317

Accident Report# DI0867240 Date of Report 5/25/07 Taken by: 691CS
Date of Accident 5/25/07 Time of Accident 0715PM Rental Contract# 616336

I-00193881

Vehicle ID: Unit Yr Make Model Series Color License# St VIN#
LJ9C5Y 06 DODG STRA 4SET [redacted] /IN 1B3EL46X96[redacted]

Street/Intersection of Accident LEHMHURST AND MORRIS/WASH1
Purpose of Trip State of Accident IN

134A

Accident Description:
CAR TURNED IN FRONT OF HRAC VEHICLE FROM SIDE STREET OFF OF LEHMHURST BEFORE WAS SLOWTON STREET. OTHER VEHICLE FLED SCENE OF ACCIDENT AND POLICE REPORT WAS FILE D. CPT CAME INTO DSDS (INDY AIRPORT) TO SW/OUT. [redacted] [AUDT DRIVERS RES CONTRACT] WAS DRIVING AT TIME.
CPT CONTACT INS IMMEDIATELY AND FILED CLAIM WITH THEFT @ DRIVE BY PROG NEGATIVE RPT. # 63894 CLAIM WAS FILED, CLAIM # IS 07341817.
CPT ALSO SAID THAT WHEN HE BRAKED TO AVOID ACCIDENT IT SNOWED FOR A M INUTE, THEN MOVED AGAIN. HE SAYS IT NOW SNIDS WHEN YOU BREAK.

ABS
MASTER C
96.

Current Vehicle Location DSDS
Damages to Enterprise Vehicle FRONT END DAMAGE

*** PARTIES ***

Lessee/Renter/Employee

[redacted]
GREENFIELD IN [redacted]
Home Phone# [redacted]
Work Phone# 000-000-0000
DOB 11/25/74 SS# 999-99-0000
License# XXXXXXXXXXXXXXXXXX
Employer

Driver (if other than Renter)

[redacted]
Home Phone# 000-000-0000
Work Phone# 000-000-0000
DOB SS# 999-99-0000
License#
Employer

CAMP
32420

Driver's Signature_____ Date:_____

*** CONTRACT COVERAGE ***

PAI N Deduct Collected N $Coll 0 Emp Name YARRELL-COLLEEN S*
Purchase Sup Liab N D-Waiver N

*** POLICE INFORMATION ***

Police Report# RP07078204 Dept
Officer DANIEL ROSENBERG Phone# 000-000-0000
Pol Dpt address

*** TICKET INFORMATION ***

Issued to for Issued to for
Tow Slip#

*** INSURANCE INFORMATION ***

Member's Ins DRIVE BY PROGRESSIVE Driver's Ins
Adj/Agent [redacted] Adj/Agent
Address [redacted] Address

Phone# 000-000-0000 Phone# 000-000-0000
Claim/Policy# [redacted] (CLAIM #) Claim/Policy#
Injury Injury
Passengers Witnesses

Driver's Signature:_____ Date:_____