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)
2008 MAR -4 PM 2:14
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
29-NOV-2007	Reference No. 10210271

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City MOUNT PLEASANT	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 ☐ NO
In the absence of a [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/12/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B3EJ46X4V[redacted]	DODGE	STRATUS	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-OCT-05				No: Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-OCT-2007	81000	30	

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	0	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 consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1997 DODGE STRATUS. WHILE DRIVING 30 MPH, THE CONTACT REAR ENDED ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE VEHICLE WAS DESTROYED AND TOWED. A POLICE REPORT WAS FILED. THE ROAD CONDITIONS WERE NORMAL. SHE NOTICED OIL LEAKING ~~PRIOR TO~~ THE CRASH. THE REPAIR SHOP STATED THAT A NEW HEAD GASKET WAS NEEDED. THE CURRENT AND FAILURE MILEAGES WERE 81,000. AFTER

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I think the air bags should have deployed in this vehicle. I also dont think the head gasket should need replaced at 81,000 miles either.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
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Washington, DC 20590

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