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: JUL 2 7 2010 (17-JUN-2010)

Repository ☐

Reference No.: 10336799

OWNER INFORMATION (Type or Print)

Name	[redacted]
Address	[redacted]
City	STORRS
State	CT
Zip Code	[redacted]
Daytime Telephone Number	[redacted]
Evening Telephone Number	[redacted]
E-mail Address	✓

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B3EL46X86N[redacted]	DODGE	STRATUS	2006

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
SEPT 06	CAPITOL CHRYSLER - 860-423-4516	4	REG.

Original Owner	Dealer's City	State	Zip Code
☐	WILLIMANTIC	CT	06226

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
TRANSAXLE	☑ Antilock Brakes ☑ Cruise Control			10-JUN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 060000 ENGINE AND ENGINE COOLING, 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	49000	10

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	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).

TL* THE CONTACT OWNS A 2006 DODGE STRATUS. HE STATED THAT WHILE DRIVING AT SPEEDS OF 10 MPH, THE VEHICLE ACCELERATED CAUSING HIM TO CRASH INTO THE VEHICLE IN FRONT. THE VEHICLE SUSTAINED MINOR DAMAGES. THERE WERE NO INJURIES AND A POLICE REPORT WAS NOT FILED. THE DEALER WAS UNABLE TO DUPLICATE OR DETERMINE THE CAUSE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE AND CURRENT MILEAGES WERE 49,000.

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

1520 West Main Street
Willimantic, CT 06226
Phone: (860) 423-4516 Fax: (860) 456-2872

43ENN

CHRYSLER DODGE Jeep

[redacted]

STORRS MANSFIELD CT [redacted]

VEHICLE IDENTIFICATION	MILEAGE OUT	DATE OUT	INVOICE NO.
1B3EL46X86N[redacted]	49280	06/11/10	70543

YEAR	MAKE	MODEL	COLOR	TAG NO.
06	DODGE	STRATUS SX	GOLD	00000

CUST.NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD.DATE	SERV.ADV.	TERMS
35023	[redacted]	[redacted]	- -	L06-4823	00/00/00	26	CASH

CUST.LABOR RATE	DELIV.DATE	DELIV.MILES	MILEAGE IN	DATE IN	IN-SERV DATE
	10/30/06	18626	49276	06/11/10	10/30/06

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ESTIMATE FOR LISTED REPAIRS AND APPROVED REPAIRS AS QUOTED IN THE AMOUNT OF $________ SIGNED________

*****NOTICE*****CAPITOL GARAGE COLLISION CENTER**********
*****EXPERT BODY REPAIRS***ALL INSURANCE COMPANYS*******
24-HR TOWING*****SPECIAL DISCOUNTS***LIFETIME GUARANTEE**

LINE OP.CODE FAIL-CD TECH HOURS/QTY TYPE AMOUNT

A
Com FUEL SYSTEM DIAGNOSECUSTOMER STATES GAS PEDAL ACCELERATED TO FLOOR BY ITSELF
Cau ...UNABLE TO EXHIBIT CONCERN DURING INSPECTION AND ROADTEST
Cor INSPECTED THROTTLE CABLES AND LINKAGE, INSPECTED THROTTLE BODY VALVE FOR DEBRI AND MOVEMENT. INSPECTED GAS PEDAL MOVEMENT. FOUND OPERATION OF FUEL PEDAL NORMAL AT THIS TIME...
14D A20 C 85.00
Line Total..... 85.00

Labor	85.00
Sales Tax	5.10
TOTAL-CASH	90.10

PAID
VISA CASH DISCOVER
MC AMEX/EXP
✓DEBIT Recd by [redacted] Check#___
6/11

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by manufacturer's representative.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)