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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|--------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|  <p><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>To Report Vehicle Safety Defects</b><br/> <b>1-888-DASH-2-DOT</b><br/> <b>(1-888-327-4236)</b><br/> <b>INTERNET: www.nhtsa.dot.gov/hotline</b></p>                                                                                                                                                                                                                                                         |                                                                                      |                                |                                | FOR AGENCY USE ONLY 100148                                                                |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                |                                | Date Received<br><br>19-AUG-2014<br><br>AUG 09 2014                                       | Repository <input type="checkbox"/><br><br>Reference No.<br>10626440 |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                |                                | Daytime Telephone Number<br>Evening Telephone Number<br>E-mail Address<br>NOEMAIL@UNK.GOV |                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                |                                |                                                                                           |                                                                      |
| City<br>ESPANOLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | State<br>NM                    | Zip Code                       |                                                                                           |                                                                      |
| 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).                                                                                                                                                                                                                                                                |                                                                                      |                                |                                |                                                                                           |                                                                      |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                |                                |                                                                                           |                                                                      |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>2B3HD56F7SH                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | Make<br>DODGE                  | Model<br>INTREPID              | Model Year<br>1995                                                                        |                                                                      |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's Name and Telephone Number                                                   |                                | Engine:<br>No: Cylinders       | Fuel Type:<br>gas                                                                         |                                                                      |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dealer's City                                                                        | State                          | Zip Code                       |                                                                                           |                                                                      |
| Transmission Type<br><input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Powertrain                                                                           | Multiple Failure:              |                                | Incident Date(s)<br>16-AUG-2014                                                           |                                                                      |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                | Failure Mileage<br>92000       | Failure Speed                                                                             |                                                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tire Model (Name or Number)                                                          |                                | Tire Size (Example P215/65R15) |                                                                                           |                                                                      |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair |                                | Failure Location:              |                                                                                           |                                                                      |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                | Tire Failure Type:             |                                                                                           |                                                                      |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date Manufactured:                                                                   | Model No./Name:                |                                |                                                                                           |                                                                      |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Installation System:                                                                 |                                |                                |                                                                                           |                                                                      |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | Failed Part:                   |                                |                                                                                           |                                                                      |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                |                                |                                                                                           |                                                                      |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured<br>0 | Number of Deaths<br>0          | Reported to Police<br>N                                                                   |                                                                      |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 1995 DODGE INTREPID. WHEN THE CONTACT STARTED THE VEHICLE, FUEL FUMES SEEPED INTO THE VEHICLE. THE CONTACT INSPECTED THE VEHICLE AND NOTICED A FUEL LEAK NEAR THE INTAKE MANIFOLD IN THE MOTOR. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE CONTACT STATED THAT THE O-RINGS NEEDED TO BE REPLACED, BUT THE PARTS WERE NOT AVAILABLE IN ORDER TO REPAIR THE VEHICLE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 92,000.                                                                                   |                                                                                      |                                |                                |                                                                                           |                                                                      |
| Include, 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 information 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 appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action. |                                                                                      |                                |                                |                                                                                           |                                                                      |

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

Leaking Fuel from O Rings on Fuel Rack Haven't  
been able to find O Rings. It take 2 Bigger + 2 smaller  
but no one seems to carry it. If Dealer can provide  
this I can fix it myself. They want to ~~sell~~ sell  
me the whole system so they have the O Rings  
to fix it. But the cost for system is \$600<sup>00</sup> but  
only O Rings are needed. So I haven't fixed it.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle  
has a safety defect?



If so:  
Use the enclosed  
form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration