



U.S. Department of Transportation
National Highway Traffic Safety Administration

INFORMATION ACT (EOIA), 5 U.S.C. 552(B)(6)

FOR AGENCY USE ONLY 100148

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received 26-JAN-2017	Repository <input type="checkbox"/>
	Reference No. 10947783

OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	
MONTANA CITY	MT		
		Evening Telephone Number	

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 JB3XE74C9NYC		Make DODGE	Model STEALTH	Model Year 1992
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 05-SEP-2016
	<input type="checkbox"/> Cruise Control			

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 060000 ENGINE (PWS), 100000 POWER TRAIN	Failure Mileage 121780	Failure Speed
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 1992 DODGE STEALTH. THE CONTACT STATED THAT THE TRANSFER CASE LEAKED OIL AND DAMAGED THE TRANSMISSION WITHOUT WARNING. THE VEHICLE WAS TAKEN TO A DEALER, BUT WAS NOT DIAGNOSED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND STATED THAT THE DEALER WOULD BE CONTACTED AND THE CONTACT WOULD BE CALLED BACK. THE CONTACT STATED THAT NO ONE CALLED HIM BACK. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 121,780.

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.