



**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  <b>07-SEP-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>730641</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small> <b>2B3ED56T4PH652586</b>	Vehicle Make <b>DODGE</b>	Vehicle Model <b>INTREPID</b>	Vehicle Year <b>1993</b>	Current Odometer Reading
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Purchase Date <b>01-SEP-1998</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>3.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>02700000 10130000</b>	Par. Name(s) <b>TIRES VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures <b>1</b>	Date(s) of Failure(s) <b>07-SEP-2000</b> Mileage at Failure(s) <b>103000</b> Vehicle Speed at Failure(s) <b>57</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**TIRE IS ABOUT 1 YEAR OLD, ON THE WAY TO WORK THIS MORNING THE TIRE BLEW OUT FOR NO APPARENT REASON. I HAD NOT HIT A BUMP NOR WAS I AWARE OF RUNNING OVER ANY SHARP OBJECTS. I PULLED OFF THE ROAD AND THE TIRE HAS 5 DIFFERENT HOLES IN IT-ALL ALONG THE SIDE WALL, THREE HOLES IN THE FRONT AND TWO HOLES IN THE BACK. THE TIRE STILL HAS PLENTY OF THREAD ON IT AND HAD NO PLUGS. WITH REGARD TO THE REAR WINDOW, THE TRIM IS PUSHED BACK AND THE CORNER END OF THE WINDOW IS EXPOSED. AS IF YOU ARE TRYING TO OPEN THE WINDOW- YOU CAN SEE THE TOP EDGE OF THE WINDOW. I AM NOT SURE OF HOW TO RESOLVE-I AM AFRAID TO SIMPLY PUT SEALANT IN CRACK-AFRAID WINDOW MAY FALL INTO CAR OR OUT OF FRAME INTO PEOPLE BEHIND. WINDOW WAS NEVER HIT, APPEARS THAT SEAL IS WORN OR WINDOW IS FALLING.**

CONTINUED ON BACK PLEASE

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 to 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.



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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>07-SEP-2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>103000</b>		
	Vehicle Speed at Failure(s) <b>57</b>		

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