Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 336

Date Received: 14-JAN-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 8002112

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2B3HD46R91H559291	DODGE	INTREPID	2001	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12340000	INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	06-JAN-2002		
	Mileage at Failure(s 12800		
	Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No	1			☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 01V273000; HEAD PROTECTION DEVICE LOCATED ABOVE CENTER DOOR SUPPPORT AT B-PILLAR, HAS SHARP CORNERS, AND IS CAUSING SLIGHT INJURIES TO DRIVER'S HEAD. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0006

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

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

DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 335

Date Received: 14-JAN-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8002112

OWNER INFORMATION (Type or Print)

[redacted] 733583

Work [redacted]
Home

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

Signature of Ow[redacted] Date 1/26/2002

VEHICLE INFORMATION

Vehicle Ident[redacted]

Purchase Date 2-2001
☒ New ☐ Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cylinders

☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ verside Airbag ☐ 2-Point Be ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Fron ☐ Rea ☐ 4-Wh el	☒ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☒ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFOR MATION

Component	Part Name(s)	Location	Failed Part(s)
12340000	INTERIOR SYSTEMS:SEAT HEAD RESTRAINTS	☐ eft ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s) 06-JAN-2002 Mileage at Failure(s) 12800 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFOR ATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	timated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No	1			☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCI NT(S), INJURY(IES)

RECALL 01V273000; HEAD PROTECTION DEVICE LOCATED ABOVE CENTER DOOR SUPPPORT AT B-PILLAR, HAS SHARP CORNERS, AND IS CAUSING SLIGHT INJURIES TO DRIVER'S HEAD. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

THE Part Provided to ME to Satisfy the Recall IS A HUGE SAFETY HAZARD to ME. I HIT MY HEAD ON this Part WHILE I AM Driving, Dodge Refuses to design A NEW Part. MY ONLY OPTION IS to MAKE DODGE BUY MY CAR BACK

CONTINUE ON BACK IF NEEDED

AND they REFUSE that AS Well. I NEED SOMEONE to HELP ME.