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	920
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
05-FEB-2002	Reference No. 8003591

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2B3HD56J5WH231518	DODGE	INTREPID	1998	

Purchase Dat	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☐ New ☒ Used			☐ 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 Utl ☐ 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
02420000	SUSPENSION:SINGLE AXLE:REAR:CONTROL ARM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
1	02-FEB-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 83000		
	Vehicle Speed at Failure(s) 2		

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	0	0		☐ Yes ☐ No

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

WHILE DRIVING APPROXIMATELY 2-3 MPH IN A PARKING LOT AND GOING OVER A SPEED BUMP HEARD A LOUD "SNAPPING" NOISE COMING FROM REAR OF VEHICLE. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT RIGHT/ REAR "TRAILING ARM" BROKE IN HALF IN THE MIDDLE. DEALERSHIP REPLACED 1/8" STAMPED PIECE OF STEEL ON REAR/RIGHT SIDE THAT BROKE WITH A 1 1/4" DIAMETER STEEL BAR TO REMEDY THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTS / PHOTOGRAPHS. NOTE: PART IS AVAILABLE FOR INSPECTION.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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

FOR AGENCY USE ONLY 920

Date Received: 05-FEB-2002

Od_or ____ ____
rt_dt ____ ____
pd_rt ____ ____
up_ltr ____ ____

Reference No. 8003591

OWNER INFORMATION (Type or Print)

[redacted] 7550

Work Numbe [redacted]

Home Numb [redacted]

Do you authorize NHTSA to provide a copy of your complaint to 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 [redacted] Date 22 FEB 02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Location at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2B3HD56J5WH231518	DODGE	INTREPID	1998	83500

Purchase Date: 26 Dec 00 ☐ New ☒ Used

Dealer's Name: Rockenbach chevrolet

City: Carpentersville State: IL Zip Code: 60030

Engine Siz (CID/CC/L): 3.2L No Cylinders: 6

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injecto

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 Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02420000	SUSPENSION:SINGLE AXLE:REAR:CONTROL ARM	☐ Left ☒ Right ☐ Front ☒ Rear	☒ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s): 02-FEB-2002
Mileage at Failure(s): 83000
Vehicle Speed at Failure(s): 2

Failed Part(s): ☒ Yes ☐ No

NHTSA Previously: ☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE DRIVING APPROXIMATELY 2-3 MPH IN A PARKING LOT AND GOING OVER A SPEED BUMP HEARD A LOUD "SNAPPING" NOISE COMING FROM REAR OF VEHICLE. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT RIGHT/ REAR "TRAILING ARM" BROKE IN HALF IN THE MIDDLE. DEALERSHIP REPLACED 1/8" STAMPED PIECE OF STEEL ON REAR/RIGHT SIDE THAT BROKE WITH A 1 1/4" DIAMETER STEEL BAR TO REMEDY THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTS / PHOTOGRAPHS. NOTE: PART IS AVAILABLE FOR INSPECTION.*AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*													MANUFACTURER/TIRE NAME	SIZE
D	O	T												

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Enclosed are reciepts From the Dealership that Performed the work. From the towing company. From the Car rental. Photo's of the Broken trailing arm still on the car, + copies of My insurance + Registration

* U.S. G.P.O.: 1992 – 323-847/60066

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

(*Page* 1 *through Page* 6)

[redacted]