



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 117

Date Received

27-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004636

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 at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B3HD46R61H679565		DODGE	INTREPID	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
				Body Style	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 22-FEB-2002 Mileage at Failure(s) 21800 Vehicle Speed at Failure(s) 55	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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 55MPH ANOTHER VEHICLE CLIPPED THE INTREPID, CAUSING THE INTREPID TO LOSE CONTROL, AND HIT TWO DIFFERENT WALLS. UPON IMPACT WITH BOTH WALLS, NEITHER AIR BAG DEPLOYED. DRIVER SUSTAINED SOME INJURIES. VEHICLE WAS TOTALED. *AK

COPIES OF THIS FORM ARE:

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.

UPDATED

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COPIED

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

117

Date Received

MAR 22 PM 1:00
OFFICE
DEFECTS INVESTIGATION
27-FEB-2002

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

8004636

OWNER INFORMATION (Type or Print)

Work No. _____

Home No. _____

Do you manufacture or sell in your state or territory the manufacturer of your vehicle? ☒ YES ☐ NO

In the _____ address to the vehicle manufacturer.

Signature _____

Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B3HD46R61H679565	DODGE	INTREPID	2001	

Purchase Date	Dealer's Name <u>Grieger's</u>	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☒ Used	City <u>Valparaiso</u> State <u>IN</u> Zip Code <u>46385</u>	No Cylinders _____	

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driver's Side Airbag ☐ 2-Point Belt ☐ Passenger's Side Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up ☐ Truck
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☒ Left Front ☒ Right Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 1	Date(s) of Failure(s) <u>22-FEB-2002</u> Mileage at Failure(s) <u>21800</u> Vehicle Speed at Failure(s) <u>55</u>	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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage \$11,050	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 55MPH ANOTHER VEHICLE CLIPPED THE INTREPID, CAUSING THE INTREPID TO LOSE CONTROL, AND HIT TWO DIFFERENT WALLS. UPON IMPACT WITH BOTH WALLS, NEITHER AIR BAG DEPLOYED. DRIVER SUSTAINED SOME INJURIES. VEHICLE WAS TOTALED. *AK

CONTINUE ON BACK IF NEEDED

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**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)**

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