



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 241**

Date Received

20-MAR-2002

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8006003

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>(Please attach bottom of and top of card to this side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>PLEASE FILL IN</b>	<b>DODGE</b>	<b>INTREPID</b>	<b>1993</b>			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**DEALER INFORMED THAT BOTH RIGHT AND LEFT LOWER CONTROL ARMS NEEDED TO BE REPLACED.  
FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*AK**

CONTINUED ON REVERSE

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.



DOT Auto Safety Hotline

### Vehicle Owner's Questionnaire (VOQ)

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

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

OWNER INFORMATION (Type or Print)

744349

RECEIVED INVESTIGATION

Reference No. 8006003

FOR AGENCY USE ONLY 241

Date Received

20-MAR-2002

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n. dt  
od. lt  
up. lt

Do you authorize NHTSA to contact the manufacturer of your vehicle?  
YES  NO

Date 4/15/02

Signature of Owner

Vehicle (U.S. Title No. (Where recorded on driver's side))  
283ED56F0P1582563

Vehicle Make

2005 DODGE

Vehicle Model

INTREPID

Vehicle Year

1993

Current Odometer Reading  
151,118

Purchase Date  
 New  Used

Dealers Name  
X unknown at this time  
X bought car X from X 5154 in Law  
City State Zip code Street address

Engine Size (CID/CIL) 3.5L  
Turbo Diesel Gas  
Fuel Injection

Transmission Type:  Automatic  Manual

Antilock Brakes:  Yes  No

Restraint System:  3-Point Belt  Motorbelt  2-Point Be

Crash Protection:  Yes  No

Drive Type:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Other

Body Style:  2-Door Truck  Stationwagon  Pick Up  Truck

Component 02150000

Part Name(s) SUSPENSION: INDEPENDENT FRONT CONTROL ARM: LOWER

Location:  Left  Right  Rear

Failed Parts:  Original  Replacement

No. of Failures 1

Date(s) of Failure(s) 20-MAR-2002

Mileage at Failure(s) 151000

Vehicle Speed at Failure(s)

Failed Parts Previously:  Yes  No

APPLICATION INCIDENT INFORMATION

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

Crash:  Yes  No

Fire:  Yes  No

Number of Persons Injured: /

Number of Fatalities: /

Estimated Property Damage: /

Reported to Police:  Yes  No

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

Crash:  Yes  No

Fire:  Yes  No

Number of Persons Injured: /

Number of Fatalities: /

Estimated Property Damage: /

Reported to Police:  Yes  No

DEALER INFORMED THAT BOTH RIGHT AND LEFT LOWER CONTROL ARMS NEEDED TO BE REPLACED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. \*AK

is feel because the brackets were never on there that is the reason my left & right control arm is damaged and needed replacement as soon as possible there for I had to spend 475.00 parts & labor and I don't think that

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especially when I had to borrow the money to get it fixed.

fair