



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

26-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008692

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
2B3HD46RXXH673972		DODGE	INTREPID	1999	
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 Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-DEC-2001 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL LETTER 01V119000 WAS SENT. CONSUMER TOOK LETTER TO DEALER, AND PARTS WERE NOT AVAILABLE/THEY WOULD CALL. PLEASE PROVIDE ANY FURTHER INFORMATION. *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.

U.S. Department
of TransportationNational 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 335

Date Received

22 APR 2002
26-APR-2002OFFICE
DEFECTS INVESTIGATIONOd_or
rt_dt
od_rt
up_ltr

Reference No.

8008692

OWNER INFORMATION (Type or Print)

750593

Work Number

Home Number

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) (located at bottom of
windshield on driver's side)

2B3HD46RXXH673972

Vehicle Make

DODGE

Vehicle Model

INTREPID

Vehicle Year

1999

Current Odometer Reading

42,314

Purchase Date

Dealer's Name Williamsburg Dodge/HondaEngine Siz
(CID/CCL)☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injectio☐ New ☒ UsedCity Williamsburg State VA Zip Code 23188

No Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☐ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☒ Car☐ Sport Ult☐ 2-Door☒ Automatic☐ No☒ Driver's Side Airbag☐ 2-Point Bel☐ No☐ Rear☐ Minivan☐ Motorcycle☒ 4-Door☒ Passenger's Side Airbag☐ 4-Wheel☐ Other☐ Stationwagon☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12240000

Part Name(s)

INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 01-DEC-2001Mileage at Failure(s) 35000

Vehicle Speed at Failure(s)

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☐ Yes☐ No

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

RECALL LETTER 01V119000 WAS SENT. CONSUMER TOOK LETTER TO DEALER, AND PARTS WERE NOT AVAILABLE/ THEY WOULD CALL. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

Dec. 2001, after first recall letter received, Gary Rodman, service manager said they'd have to find for parts. In March 2002, after second recall notice was sent I again called and was told he would get back with me which he never did.

CONTINUE ON BACK IF NEEDED

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