



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

05-JAN-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

854745

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2A3ED46T XPH554351	DODGE	INTREPID	1993	

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 Injection
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 06300000	Par. Name(s) FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	---	---

No. of Failures	Date(s) of Failure(s) 13-DEC-1999 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

SMELLED FUEL INSIDE VEHICLE & TOOK TO DEALERSHIP. MANUFACTURER CONTACTED. RECALL NOTICE 98V184000 ON VEHICLE FOR FUEL SYSTEMS. MECHANIC REPAIRED VEHICLE'S FUEL RAIL. NOW THE RECALL REMEDY HAS FAILED AND FUEL IS LEAKING AGAIN. \*AK

CONTINUED ON BACK (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.

Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire</b> NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 582960		Date Received: 00 FEB 17 AM 10:05 05-JAN-2000 OFFICE EFFECTS INVESTIGATION Reference No. 854745	
Do you authorize [Redacted] in the absence of [Redacted] Signature of Owner		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO the vehicle manufacturer. Date 01/28/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2A3ED46TXXPH554351	DODGE	INTREPID	1993
Purchase Date: 5/93	Dealer's Name: Arrigo Dodge	Engine Size (CID/CC/L): [Redacted]	Current Odometer Reading: 121,000 +
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: WPB State: FL Zip Code: 32409	No Cylinders: 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Uik <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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: 04300000	Part Name(s): FUEL; FUEL INJECTION SYSTEM	Location:	Failed Part(s):
		<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures: 2	Date(s) of Failure(s): 13-DEC-1999	Mileage at Failure(s):	Vehicle Speed at Failure(s):
		Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage	Reported to Police		
0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
SMELLED FUEL INSIDE VEHICLE & TOOK TO DEALERSHIP. MANUFACTURER CONTACTED. RECALL NOTICE 98V184000 ON VEHICLE FOR FUEL SYSTEMS. MECHANIC REPAIRED VEHICLE'S FUEL RAIL. NOW THE RECALL REMEDY HAS FAILED AND FUEL IS LEAKING AGAIN. *AK Dodge in DeBolt sent me to Wallace Dodge in DeRay when I called, the manufacturer July 03, 1999, Wallace charged me \$1,227.53 to fix oil and transmission leaks before they could detect the gas leak. They then "repaired" the gas leak. December 13, 1999, they told me I had another oil leak that needed repairing and charged me \$68 <sup>00</sup> . They then told me they could not detect a gas leak even though it smelled bad.			
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.			

