



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 150 | |
|--------------------------------|---|
| Data Received | Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ |
| 15-SEP-2000 | |
| Reference No. 870693 | |

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 | | |
| 2B3ED56T3PH253108 | 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 checked="" type="checkbox"/> New <input 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | <input checked="" 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 Ult <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 06400000 02100000 | Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL SUSPENSION:INDEPENDENT FRONT | 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) _____ Mileage at Failure(s) 11000 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)

CONSUMER WAS BACKING OUT OF GARAGE SLOWLY WHEN SUDDENDLY VEHICLE ACCELERATED IN REVERSE GEAR AT A HIGH RATE OF SPEED WITH FOOT STILL ON BRAKES WHICH ALMOST CAUSED CONSUMER TO RUN INTO A HOUSE. CONSUMER HAD TO PUT GEAR INTO PARK, AND TAKE OUT KEY IN ORDER TO STOP VEHICLE. A REPAIR SHOP CLAIMED THAT FRONT SUSPENSION WAS FAULTY AND COULD NOT DRIVE VEHICLE TO INSPECT IT. 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.

|  DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 160 Date Received: <u>16-SEP-2000</u> OFFICE OF SAFETY INVESTIGATION Reference No. <u>870693</u> | |
|---|--|--|--|
| OWNER INFORMATION (Type or Print) [Redacted] <u>639039</u> | | Work Number _____ Home Number [Redacted] | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an _____ your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Signature of Owner _____ | | Date _____ | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>2B3ED56T3PH253108</u> | Vehicle Make <u>DODGE</u> | Vehicle Model <u>INTREPID</u> | Vehicle Year <u>1993</u> |
| | | Current Odometer Reading <u>20,000</u> | |
| Purchase Date <u>1993</u> | Dealer's Name <u>Swift Dodge Motors</u> | | Engine Size (CID/GC/L) _____ |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Sacto</u> State <u>Calif</u> Zip Code _____ | No Cylinders <u>6</u> | <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Drive/Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" 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 _____ |
| | | Body Style <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 <u>08400000</u> <u>02100000</u> | Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL</u> <u>SUSPENSION INDEPENDENT FRONT</u> | Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures <u>2</u> | Date(s) of Failure(s) <u>Sept 2000</u> Mileage at Failure(s) <u>11000</u> Vehicle Speed at Failure(s) <u>backing out of garage</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>0</u> | Number of Fatalities <u>0</u> |
| | | Estimated Property Damage <u>CAR 5000</u> | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>to Ins-</u> |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| <p>CONSUMER WAS BACKING OUT OF GARAGE SLOWLY WHEN SUDDENDLY VEHICLE ACCELERATED IN REVERSE GEAR AT A HIGH RATE OF SPEED WITH FOOT STILL ON BRAKES WHICH ALMOST CAUSED CONSUMER TO RUN INTO A HOUSE. CONSUMER HAD TO PUT GEAR INTO PARK, AND TAKE OUT KEY IN ORDER TO STOP VEHICLE. A REPAIR SHOP CLAIMED THAT FRONT SUSPENSION WAS FAULTY AND COULD NOT DRIVE VEHICLE TO INSPECT IT. AK</p> | | | |
| CONTINUE ON BACK IF NEEDED | | | |
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