



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 255

Date Received

12-DEC-2000

Od_or _____
R_dt _____
od_rt _____
up_ltr _____

Reference No.

876370

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 front of windshield on drivers side)	Vehicle Make DODGE	Vehicle Model INTREPID	Vehicle Year 1995	Current Odometer Reading
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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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 60 MPH ON HIGHWAY ENGINE SUDDENLY DIED, CAUSING A LOSS OF ALL POWER. DEALER HAS BEEN CONTACTED. *AK

CONTINUED ON BACK (SEE INSTRUCTIONS)

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		FOR AGENCY USE ONLY 255 Date Received: 12-DEC-2000 RECEIVED DEFECTS INVESTIGATION Reference No. 876370 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 660178 FAIRPORT NY 14450			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		☒ YES ☐ NO Date 12/17/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1B3HD66F6SF564941	Vehicle Make DODGE	Vehicle Model INTREPID	Vehicle Year 1995
		Current Odometer Reading 77,965	
Purchase Date 3/8/95	Dealer's Name DOAN DODGE		Engine Size (CID/CC/L) _____ ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
☒ New ☐ Used	City WEBSTER State NY Zip Code _____		No Cylinders 8
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Sport/UTV ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 24917	Part Name(s) TIMING BELT	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 1	Date(s) of Failure(s) 11-12-2000 Mileage at Failure(s) 77,965 Vehicle Speed at Failure(s) 65 MPH ON N.Y.S. THRUWAY		Failed Part(s) Available? ☐ Yes ☒ No
		NHTSA Previously Contacted? ☐ 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 Damage _____	Reported to Police ☒ Yes ☐ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING AT 65MPH ON HIGHWAY ENGINE SUDDENLY DIED, CAUSING A LOSS OF ALL POWER. DEALER HAS BEEN CONTACTED. *AK BELT: GOOD FOR 105,000 OR 84 MONTHS			
CONTINUE ON BACK IF NEEDED			
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 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.			

564947

19500


VISION
 AUTOMOTIVE GROUP


INVOICE

PAGE 1

VISION DODGE

 920 Panorama Trail South
 Rochester, NY 14625
 Phone (716) 385-5700

Service Phone (716) 385-6289

Repair Shop # 7086082

SERVICE ADVISOR: 72 MARTIN BRODIE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
GREEN	95	DODGE INTREPID	1B3HD56F6SF564947	MVV412	77965/77965		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PD NO	VARIABLE	PAYMENT	INV DATE
03AUG1995			21:00 12DEC00		N/A	CASH	12DEC2000

R.O. OPENED READY OPTIONS: 1) DOAN

08:44 12DEC00 14:34 12DEC00

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES TO BE TOWED IN FOR NO RUN CONCERN, QUIT WHILE DRIVING

WITH CRUISE-CRANKS BUT WILL NOT FIRE

MISC DIAGNOSE AND REPLACE BROKEN TIMING

BELT, WATERPUMP, BELT AND BELT TENSIONER

24 C

1 4663515 TENSIONER

1 4659430AB SEAL-WATER PUMP

1 5003085AA PUMP

1 4267020AB *COOLANT

1 24917 BELT

SUBL TOWING SUTHERLANDS PO# 24911

C

349.75 349.75

98.04 98.04 98.04

2.54 2.54 2.54

107.73 107.73 107.73

12.50 12.50 12.50

105.00 105.00 105.00

65.00 65.00

EST: 36.95

12DEC00 08:44 SA: 72

TOWING SUTHERLANDS PO# 24911

 *** THANK YOU FOR YOUR BUSINESS ***

CUSTOMER

**Service Hours**

Monday - Thursday

7:30 am to 9:00 pm

Friday

7:30 am to 8:00 pm

Saturday

Shuttle Service Available.

Rental Cars Available.

Lounge with Coffee.

Free Oil Change Program
with Vehicle Purchase.

WE ACCEPT

DESCRIPTION	TOTALS
LABOR AMOUNT	349.75
PARTS AMOUNT	325.81
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	65.00
MISC. CHARGES	0.00
TOTAL CHARGES	740.56
LESS INSURANCE	0.00
SALES TAX	59.24