

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

08-JAN-2001

Od_or

rt_dt

od_rt

up_ltr

Reference No.

877621

Work Number

Home Number

OWNER INFORMATION (Type or Print)

865214

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)

Vehicle Mak

DODGE

Vehicle Mode

INTREPID

Vehicle Year

1998

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Siz

(CID/CC/L

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injectio☐ New ☒ Used

City State Zip Code

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☐ Driverside Airbag☐ 2-Point Bel☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Passengerside Airbag☐ 4-Wheel☐ Minivan☐ Motorcycle☐ Stationwagon☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

Part Name(s)

Location

Failed Part/s

05130000

ENGINE:PULLEY:CRANKSHAFT

☐ Left☐ Right☐ Original

08000000

ELECTRICAL SYSTEM

☐ Front☐ Rear☐ Replacement

12423000

INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:BA

No of Failures

Date(s) of Failure(s) 22-DEC-2000

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)

NHTSA Previously

0

☐ Yes☐ No☐ 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 Damag

Reported to Polic

☐ Yes☒ No☐ Yes☒ No

0

0

☐ Yes☒ No

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

WHILE TRAVELING AT HIGHWAY SPEED BATTERY WARNING LIGHT CAME ON, AND CONSUMER
LOST ALL ELECTRICAL POWER. CONSUMER SAW SOMETHING FALL OFF, IT WAS PULLEY THAT
HELD TWO DRIVE BELTS. *AK

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 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.



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☒ YES☐ NO

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Signature of Owner

Date 1/14/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

2B3HD46R2WH114706

Vehicle Make

DODGE

Vehicle Model

INTREPID

Vehicle Year

1998

Current Odometer Reading

80,806

Purchase Date

DEC. 1998

Dealer's Name SELECT RENTAL CAR

Engine Size

(CID/CC) 2.7 LTR

☐ Turbo☐ Diesel☒ Gas☐ Fuel Injection☐ New ☒ Used

City PENSACOLA State FL Zip Code 32526

No Cylinders 6

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☐ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

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12423000

Part Name(s)

ENGINE:PULLEY:CRANKSHAFT

ELECTRICAL SYSTEM

INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:BA

Location

☐ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

0

Date(s) of Failure(s) 22-DEC-2000

Mileage at Failure(s)

Vehicle Speed at Failure(s) 0

Failed Part(s)
Available?☒ Yes ☐ NoNHTSA 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

0

Number of Fatalities

0

Estimated Property Damage

NONE

Reported to Police

☐ Yes ☒ No

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