

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 156

Date Received

09-JAN-2001

Od_or
rt_dt
od_rl
up_tr

Reference No.

877733

OWNER INFORMATION (Type or Print)

665651

Work Number

Home Number

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.☐ YES☐ NO

Signature of Owner

Date

VEHICLE INFORMATION

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

1B3HD56F4SF50524

Vehicle Mak

DODGE

Vehicle Mode

INTREPID

Vehicle Year

1995

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Siz
(CID/CC/☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio☐ New ☒ Used

City State Zip Code

No Cylinders

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☐ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Bel☐ Passengerside Airbag

Cruise Control

☐ Yes☒ No

Drive Train

☐ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☐ Sport Ult☐ Truck☐ Motorcycle

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
07300000

Part Name(s)

POWER TRAIN:TRANSMISSION:AUTOMATIC

Location

☐ Left
☐ Front☐ Right
☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 15-DEC-2000

Mileage at Failure(s) 87

Vehicle Speed at Failure(s)

Failed
Part(s)☐ Yes ☐ NoNHTSA
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 Polic

☐ Yes☒ No

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

WHILE DRIVING AND COMING TO A STOP VEHICLE WILL NOT GO, SEEMS THAT VEHICLE IS NOT GOING INTO GEAR, WHICH MAY CAUSE A CRASH. IN SOME INSTANCES, DRIVER MUST PULL OVER AND RESTART VEHICLE. WILL BE TAKING VEHICLE TO DEALER. PLEASE PROVIDE FURTHER INFORMATION. *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.

FOR AGENCY USE ONLY 156		Date Received: 01 FEB - 5 2001 09 JAN - 2001 up, ltr od, n od, ltr Reference No. 877733		Home No. [REDACTED] Work No. [REDACTED]		666551	
Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT							
OWNER INFORMATION (Type or Print) Signature of Owner: [REDACTED] Date: [REDACTED]							

Vehicle Ident. No. (VIN) 1B3HD56F4S50524		Vehicle Make DODGE		Vehicle Model INTREPID		Vehicle Year 1996		Current Odometer Reading	
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Purchase Date New ☒ Used ☐		Dealer's Name [REDACTED]		City [REDACTED]		State [REDACTED]		Zip Code [REDACTED]	
Antilock Brakes Yes ☒ No ☐		Restraint System 3-Point Belt ☒ 2-Point Belt ☐		Motorbike ☐		Driver's Side Airbag ☒		Passenger's Side Airbag ☒	
Transmission Type Automatic ☒ Manual ☐		Cruise Control Yes ☒ No ☐		Drive Train Front ☒ Rear ☐ 4-Wheel ☐		Vehicle Type Car ☒ Van ☐ Minivan ☐ Other ☐		Body Style 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other ☐	
Engine Size (CID/CC) [REDACTED]		No Cylinders [REDACTED]		Fuel Injection Turbo ☐ Diesel ☐ Gas ☐		Fuel Injection Turbo ☐ Diesel ☐ Gas ☐		Fuel Injection Turbo ☐ Diesel ☐ Gas ☐	

Component 07300400		Part Name(s) POWER TRAIN TRANSMISSION: AUTOMATIC		Location Left ☐ Right ☐ Front ☐ Rear ☐		Failed Part(s) Original ☐ Replacement ☐		No of Failures Date(s) of Failure(s) 15-DEC-2000	
Mileage at Failure(s) 87		Vehicle Speed at Failure(s) [REDACTED]		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)	

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

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There is a lot of information on the subject about this information being defective - to find out what is wrong with the vehicle, please contact the dealer from this type of problem.

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.