



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 125

Date Received

30-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887031

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2B3HD46R4XH608146		DODGE	INTREPID	1999	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ 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 06400000 03250000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL BRAKES-HYDRAULIC-ANTI-SKID SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA 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 C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING OUT OF DRIVEWAY VEHICLE ACCELERATED AT FULL SPEED, CAUSING LOSS OF VEHICLE CONTROL, BRAKES FAILED TO STOP VEHICLE, PEDAL WENT TO THE FLOOR. CONSUMER TURNED IGNITION SWITCH OFF TO GAIN CONTROL. PLEASE GIVE ANY FURTHER DETAILS.*AK

COPIES OF THIS FORM ARE:

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.

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 125

Date Received

30-APR-2001

Od. or

r/dt

od. rt

up. ltr

Reference No.

887031

Work Number

Home Number

OWNER INFORMATION (Type or Print)

689191

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)

2B3HD46R4XH608146

Vehicle Make

DODGE

Vehicle Model

INTREPID

Vehicle Year

1999

Current Odometer Reading

12,339

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

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

08400000

03260000

Part Name(s)

FUEL:THROTTLE LINKAGES AND CONTROL
BRAKES:HYDRAULIC:ANTI-SKID SYSTEM

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No. of Failures

Date(s) of Failure(s)

4-29-01

Mileage at Failure(s)

13000

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

0

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes☒ No

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

WHILE DRIVING OUT OF DRIVEWAY VEHICLE ACCELERATED AT FULL SPEED, CAUSING LOSS OF VEHICLE CONTROL, BRAKES FAILED TO STOP VEHICLE, PEDAL WENT TO THE FLOOR. CONSUMER TURNED IGNITION SWITCH OFF TO GAIN CONTROL. PLEASE GIVE ANY FURTHER DETAILS.*AK

Rear brakes locked and left skid marks shown driveway. Front brakes were only partially full acceleration of car. Motor did not

ONE

CONTINUE ON BACK IF NEEDED

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Washington, DC 20590

400 7th Street, SW

Information Management Staff NSA-10.01

National Highway Traffic Safety Administration

U.S. Department of Transportation

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U.S. Department of State

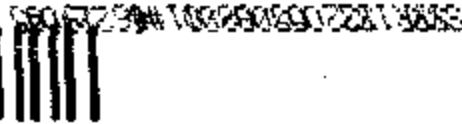
UNITED STATES

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U.S. DEPARTMENT OF JUSTICE

For last before putting into your & Robert
hands in effecting. I have had
Lester produce a number of letters from
me when I left town in less than one
year. Both in their way of reduction.

(NATIVE DESCRIPTION CONTINUED)

The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

MANUFACTURER/TRADE NAME

525

THE IDENTIFICATION NO.:

INFORMATION ON THE FAILURE(S) OF APPLICATION

Field to show Return Address (no stamp needed) Fares with tape or staple and mail