



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

JUL 28 2005

400 Seventh Street, S.W.  
Washington, D.C. 20590

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Stephen J. Speth, Director  
Vehicle Compliance & Safety Affairs  
DaimlerChrysler Corporation  
800 Chrysler Drive - CIMS482-00-91  
Auburn Hills, MI 48236-2757

NVS-213cla  
PE05-036

Dear Mr. Speth:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE05-036) to investigate allegations of engine compartment fires in certain model year (MY) 1999 through 2000 Dodge Stratus, Plymouth Breeze and Chrysler Cirrus passenger cars manufactured by DaimlerChrysler Corporation (DaimlerChrysler), and to request certain information.

This office has received 28 reports alleging engine compartment fires in the subject vehicles. The underhood fires show an apparent increasing trend with 25 of the reports coming in the past 2-years and 18 within the past year. Twelve (12) of the fires reportedly occurred while driving and 16 while the vehicle was parked with the engine off. A copy of each of the reports is enclosed for your information - see Enclosure 1, "Data Collection Disk and VOQ Files", file "PE05-036 VOQ.PDF".

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 1999 through 2000 Dodge Stratus, Plymouth Breeze and Chrysler Cirrus passenger cars that have been manufactured for sale or lease in the United States.
- **DaimlerChrysler:** DaimlerChrysler Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of DaimlerChrysler (including all business units and persons previously referred



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4238

to), who are or, in or after January 1, 2000, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** engine compartment fire.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by DaimlerChrysler, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by DaimlerChrysler or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as DaimlerChrysler has previously provided a document to ODI, DaimlerChrysler may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After DaimlerChrysler's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model, engine, and model year, the number of subject vehicles DaimlerChrysler has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by DaimlerChrysler, state the following:
  - a. Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Engine;
  - e. Model Year;
  - f. Date of manufacture;
  - g. Date warranty coverage commenced; and
  - h. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure I, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by DaimlerChrysler, or of which DaimlerChrysler is otherwise aware, which relate to, or may relate to: (1) the alleged defect; (2) power steering fluid leakage; or (3) leakage from underhood fuel system components in the subject vehicles:
  - a. Consumer complaints, including those from fleet operators;
  - b. Field reports, including dealer field reports;

- c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Property damage claims; and
- e. Third-party arbitration proceedings where DaimlerChrysler is or was a party to the arbitration; and
- f. Lawsuits, both pending and closed, in which DaimlerChrysler is or was a defendant or codefendant.

For subparts "a" through "e" state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and DaimlerChrysler's assessment of the problem, with a summary of the significant underlying facts and evidence. For item f, identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
  - a. DaimlerChrysler's file number or other identifier used;
  - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
  - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model, engine and model year;
  - f. Vehicle's mileage at time of incident;
  - g. Incident date;
  - h. Report or claim date;
  - i. Whether a crash is alleged;
  - j. Whether a fire is alleged;
  - k. Whether property damage is alleged;
  - l. Number of alleged injuries, if any; and
  - m. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method DaimlerChrysler used for organizing the documents.

5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by DaimlerChrysler to date that relate to, or may relate to, incidents of power steering fluid leakage or underhood fuel system leakage in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with any technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. DaimlerChrysler's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Whether there is a coincident claim for towing (within one week of the claim relating to the alleged defect);
- k. Concern stated by customer; and
- l. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

6. Describe in detail the search criteria used by DaimlerChrysler to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by DaimlerChrysler on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that DaimlerChrysler offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that DaimlerChrysler has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that DaimlerChrysler is planning to issue within the next 120 days.

8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, DaimlerChrysler. For each such action, provide the following information:
  - a. Action title or identifier;
  - b. The actual or planned start date;
  - c. The actual or expected end date;
  - d. Brief summary of the subject and objective of the action;
  - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
  - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Furnish top, front, and side view diagrams showing the layout and relative positioning of the components in each version of the following systems used in the subject vehicles and state the usage of each by model, engine, and model year: (a) power steering; (2) underhood fuel delivery; (c) exhaust; and (d) electrical distribution system. Show each diagram within a shell of the vehicle body and engine compartment. Show items "a" through "c" together and item "d" in separate diagrams.
10. Furnish DaimlerChrysler's assessment of the alleged defect in the subject vehicles, including:
  - a. A list of all of the fire incidents with the following information for each: model, engine, model year, VIN, owner name, city, state, incident date and mileage, the alleged cause of the fire, and DaimlerChrysler's assessment of the cause of the fire;
  - b. The frequencies of the underhood fires in the subject vehicles by model, engine, and model year;
  - c. The trends of underhood fires in the subject vehicles by model, engine, and model year - i.e., the changes in the underhood fire incident rates in the various populations over time-in-service using months-in-service as the age parameter; and
  - d. The primary cause(s) of the underhood fire experience and trends in the subject vehicle population - state both fuel source(s) and ignition source(s).

This letter is being sent to DaimlerChrysler pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. DaimlerChrysler's failure to respond promptly and fully to this letter could subject DaimlerChrysler to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to

\$5,000 per day, with a maximum of \$16,050,000 for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. See 49 CFR 578.6 (as amended by 69 Fed. Reg. 57864 (Sept. 28, 2004)). This includes failing to respond to ODI information requests.

If DaimlerChrysler cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, DaimlerChrysler does not submit one or more requested documents or items of information in response to this information request, DaimlerChrysler must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

DaimlerChrysler's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by September 8, 2005. Please refer to PE05-036 in DaimlerChrysler's response to this letter. If DaimlerChrysler finds that it is unable to provide all of the information requested within the time allotted, DaimlerChrysler must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If DaimlerChrysler is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information DaimlerChrysler then has available, even if an extension has been granted.

If DaimlerChrysler claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, DaimlerChrysler must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (69 Fed. Reg. 21409 et seq; April 21, 2004), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. DaimlerChrysler is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Chris Lash of my staff at (202) 366-2370.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey L. Quandt". The signature is fluid and cursive, with a large initial "J" and "Q".

Jeffrey L. Quandt, Chief  
Vehicle Control Division  
Office of Defects Investigation

Enclosure 1, One CD ROM titled Data Collection Disc and VOQs containing four files





U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

19-DEC-2004

Repository Reference No.  
10104109**OWNER INFORMATION (Type or Print)**

Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1 / 1 / \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B3EJ46X2XN		Make DODGE	Model STRATUS	Model Year 1999
Date Purchased 15-FEB-03	Dealer's Name and Telephone Number		Engine: No: Cylinders <u>4</u>	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 114000 ELECTRICAL SYSTEM:WIRING	
Multiple Failure: <u>1</u>				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 12-DEC-2004	Failure Mileage 100000	Failure Speed 0	
---------------------------------	---------------------------	--------------------	--

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ON DEC. 12, 2004 MYSELF, MY DAUGHTER, & HER STEP-DAUGHTER WERE ON OUR WAY TO GO SHOPPING APPROXIMATELY 60 MILES FROM HOME. WE STOPPED AT APPROXIMATELY 45 MILES AND ATE LUNCH, THEN CONTINUED THE OTHER 15 MILES. WE EXITED THE 1999 DODGE STRATUS AND ENTERED THE STORE. AFTER APPROXIMATELY 5-10 MINUTES, AN IN-STORE PAGE WENT OUT THAT A VEHICLE OF OUR DESCRIPTION WAS SMOKING BADLY. WHEN I LOOKED OUT THE STORE WINDOW, I SAW THE VEHICLE WAS MINE. I RAN OUT TO THE PARKING LOT TO FIND MY CAR (1999 DODGE STRATUS) MOTOR WAS ON FIRE WITH FIRE COMING OUT FROM UNDERNEATH THE MOTOR AND BLACK SMOKE BOILING OUT. BY THE TIME EMERGENCY VEHICLES ARRIVED (POLICE AND FIRE DEPARTMENT), MY CAR WAS FULLY IN FLAMES. FIRE FIGHTERS EXTINGUISHED THE FIRE FINALLY, BUT MY CAR WAS TOTALLY DESTROYED. THE HOT-SPOT ON THE HOOD WAS ON THE DRIVER SIDE NEAR THE WINDSHIELD. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

27-DEC-2004

Repository Reference No.  
10104509**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City CAMERON

State MO

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_

Make

DODGE

Model

STRATUS

Model Year

2000

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders \_\_\_\_\_

Fuel Type:

Gas

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain \_\_\_\_\_

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

23-DEC-2004

Failure Mileage \_\_\_\_\_

Failure Speed

65

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example: P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTMALSABC036) \_\_\_\_\_

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

DRIVING ON I 35 GOING NORTH MILE MARKER 34, I SMELLED SMOKE, STOPPED CARE, GOT GRANDSON OUT. OPEN HOOD, AND FLAMES SHOT FROM CAR ENGINE. A VOLUNTEER FIREFIGHT WAS BEHIND ME AND STOPPED AND PUT OUT THE FIRE. LATHROP FIRE STATION WAS NOTIFIED. AND THEY CAME JUST AS THE FIRE WAS OUT. I CALLED MY WIFE SALLY MEYER AND TOLD HER OF EVENTS AND MY GRAND SON AND I GOT A RIDE HOME. THE CARE WAS TOWED TO A-1 AUTO LOCATED IN CAMERON MISSOURI BY SCOTTY'S TOWING SERVICE OUT OF CAMERON MISSOURI. OUR INSURANCE COMPANY AMERICAN FAMILY INSURANCE IS CURRENTLY INVESTIGATING IT. I HAVE NOTICED THERE ARE OTHER FIRES THAT HAVE BEEN REPORTED FOR THIS YEAR. ARE YOU GOING TO DO SOMETHING ABOUT THIS? OBVIOUSLY THERE IS A SERIOUS DESIGN FLAW IN THE ELECTRICAL SYSTEM. WE ARE NOW WITH OUT A CAR. IS THERE ANYONE THAT CAN HELP US WITH THE DODGE COMPANY TO REIN VERSE US FOR THIS DAMAGE?AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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 Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1058

Date Received

07-MAY-2002

Repository Reference No.  
565685**OWNER INFORMATION (Type or Print)**

Name

Address

City PONCE

State PR

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C3EJ46X1G

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased  
29-SEP-00

Dealer's Name and Telephone Number

Engine:  
No: CylindersFuel Type:  
GasOriginal Owner  

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

D61100 ENGINE AND ENGINE COOLING:ENGINE:GASOLINE

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

17-OCT-2001

Failure Mileage

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE CAUGHT FIRE WHILE THE IGNITION WAS TURNED OFF. \*YH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

08-MAY-2003

Repository Reference No.  
10019527**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City MIAMI

State FL

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 8/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type \_\_\_\_\_

 Antilock Brakes

Powertrain \_\_\_\_\_

 Cruise Control

Vehicle Component Code

D61000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

08-MAY-2003

Failure Mileage

60000

Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTMALSABC036) \_\_\_\_\_

 Original Equipment Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured \_\_\_\_\_

Number of Deaths \_\_\_\_\_

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY WIFE DROVE ABOUT 25 MINUTES TO A FLEA MARKET. BYSTANDERS THERE TOLD HER THAT THERE WAS SMOKE COMING OUT FROM UNDER THE VEHICLE. WHEN SHE STOPPED, THEY TOLD HER THAT HER VEHICLE IS ON FIRE AND TO GET OUT. SHE IMMEDIATELY GOT HER CHILDREN OUT. A MAN THERE POPPED THE HOOD AND SAW THAT THE ENGINE COMPARTMENT WAS ON FIRE. THE VEHICLE WAS TOTALED. THE VEHICLE RAN FINE THE DAY BEFORE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 10014B

Date Received

23-JUN-2003

Repository Reference No.  
10023622**OWNER INFORMATION (Type or Print)**

Name

Address

City TEANECK

State NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ46K7XN

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased  
09-OCT-99Dealer's Name and Telephone Number  
GRAND DODGEEngine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
ENGLEWOODState  
NJ

Zip Code

Transmission Type  
AUTOMATIC Antilock Brakes  
 Cruise ControlPowertrain  
FRONT WHEEL DRIVEVehicle Component Code  
061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
20-JUN-2003Failure Mileage  
60000Failure Speed  
0**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

The Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

0

Reported to Police

Y

**Narrative Description of Incident(s), Crash(es), and Injury(ies).**

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

A FIRE STARTED UNDER THE HOOD OF MY CAR (DODGE STRATUS 1999) AFTER I PARKED IT AFTER DRIVING FOR ABOUT HALF AN HOUR. THERE WAS NO PRIOR INDICATION OF ANYTHING AMISS. FIRE DEPARTMENT PUT OUT THE FIRE, BUT I AM TOLD THE CAR CANNOT BE REPAIRED. I HAVE HAD REGULAR MAINTENANCE ON THIS CAR. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoic.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY L367

Date Received

22-SEP-2003

Repository Reference No.  
10040270**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City ROYAL PALM BEACH

State FL

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3E146Q2XN

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type \_\_\_\_\_

 Antilock brakes

Powertrain \_\_\_\_\_

 Cruise Control

Vehicle Component Code

114000 ELECTRICAL SYSTEM:WIRING

Multiple Failure: \_\_\_\_\_

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) \_\_\_\_\_

Failure Mileage \_\_\_\_\_

Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036) \_\_\_\_\_

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*Crash  Yes  NoFire  Yes  No

Number of Persons Injured \_\_\_\_\_

Number of Deaths \_\_\_\_\_

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

VEHICLE CAUGHT ON FIRE WHEN IT WAS PARKED AND ENGINE TURNED OFF. FIRE STARTED FROM THE LEFT FRONT COMPARTMENT PER THE FIRE REPORT, BUT WHERE THE FIRE ORIGINATED FROM WAS UNDETERMINED. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		<b>FOR AGENCY USE ONLY 100148</b>	
		Date Received 23-SEP-2003	Repository <input type="checkbox"/>	Reference No. 10039408	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
CHAMPAIGN	IL				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date			
		/ /			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1P3EJ46X8YN... ..		PLYMOUTH	BREEZE	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
	OLE BEN FRANKLIN MOTORS		No: Cylinders	Gas	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
	KNOXVILLE	TN			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	UNKNOWN	093000 FUEL SYSTEM, OTHER:FUEL INJECTION SYSTEM		
			Multiple Failure:		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)	Failure Mileage	Failure Speed			
22-SEP-2003					
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0	Y	
<b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
MY HUSBAND WAS DRIVING DOWN THE STREET TO SCHOOL. HE MADE IT MAYBE 2-2 1/2 BLOCKS DOWN THE ROAD WHEN HE SAYS HE HEARD A LITTLE NOISE AND THE CAR STOPPED ACCELERATING PROPERLY. OTHER VEHICLES BEGAN BLOWING THEIR HORN AT HIM AND HE HAD TO STOP THE CAR. WHILE SITTING IN THE CAR HE SAW FLAMES START COMING OUT FROM UNDER THE HOOD. THE ENGINE CAUGHT ON FIRE, NO ONE SEEMS TO KNOW WHY. THE FIRE GOT PRETTY OUT OF CONTROL, AND THE FIRE DEPARTMENT PUT IT OUT. OUR CAR IS DESTROYED. WE HAVE NO IDEA WHY THE ENGINE CAUGHT ON FIRE. IT WAS SUGGESTED TO US THAT THERE COULD HAVE BEEN A MANUFACTURING PROBLEM, AND MAYBE OUR CAR COULD HAVE EVEN BEEN RECALLED. WE ARE TRYING TO FIND OUT EVERY THING POSSIBLE ABOUT WHAT COULD HAVE HAPPENED YESTERDAY MORNING.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. <span style="float: right;"><b>ATTACH ADDITIONAL SHEETS IF NECESSARY.</b></span>					
The Privacy Act of 1974 (Public Law 93-502) 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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100161

Date Received

10-NOV-2003

Repository Reference No.  
10046686**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City STOCKTON

State CA

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1 / 1 /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ46X8YR.....

Make

DODGE

Model

STRATUS

Model Year

2000

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:  
No: Cylinders \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain \_\_\_\_\_

Vehicle Component Code

D61000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

26-OCT-2003

Failure Mileage

100595

Failure Speed

30

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTMALSABC036)

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured \_\_\_\_\_

Number of Deaths \_\_\_\_\_

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).


ON 10/22/2003 VEHICLE WAS TAKEN TO THE DEALER FOR AN OIL LEAK. DEALER REPLACED THE HEAD GASKET. ON 10/26/2003, WHILE DRIVING APPROXIMATELY 30 MPH, THE VEHICLE CAUGHT ON FIRE. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE, AND DETERMINED THAT FIRE STARTED IN THE ENGINE. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received  20-JAN-2004		Repository <input type="checkbox"/>  Reference No. 10054520	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address					
City TAMPA		State FL	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____ Date ____/____/____					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B3EJ46X6M		Make DODGE	Model STRATUS	Model Year 1999	
Date Purchased 24-MAR-00	Dealer's Name and Telephone Number JERRY ULM DODGE 8138726645		Engine: No: Cylinders 4	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City TAMPA	State FL	Zip Code		
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE		
Multiple Failure: 1					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 15-JAN-2004	Failure Mileage 72980	Failure Speed 30			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
MY SON DROVE HIS 1999 DODGE STRATUS BACK TO HIS COLLEGE DORMITORY WHEN HE SAW SMOKE FROM UNDER THE HOOD. HE PULLED INTO A PARKING SPACE JUST BEFORE FIRE ERUPTED FROM UNDER THE HOOD. THE FIRE TOTALED HIS SON'S VEHICLE AS WELL AS DAMAGED AN ADJACENT VEHICLE.					
include, if available: Police/Fire Department Report, Photos, and Repair Invoce. <span style="float: right;"><b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b></span>					
The Privacy Act of 1974 (Public Law 93-502) 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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100216

Date Received

Repository 

25-MAY-2004

Reference No.  
10074261

## OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			

PITTSBURGH

PA

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 5/25/04

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1C3E146K1YN		Make CHRYSLER	Model CIRRUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. of Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 010000 STEERING	
			Multiple Failure: 1	

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
------------------	-----------------	---------------

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------


Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e., parts repaired or replaced (and if old part is available).

THE DRIVER NOTICED THAT THE POWER STEERING FLUID WAS LEAKING. WHILE DRIVING THE VEHICLE CAUGHT ON FIRE WITHOUT WARNING.  
THE DRIVER PULLED OVER AND CALLED THE FIRE DEPARTMENT WHO EXTINGUISHED THE FIRE. THE VEHICLE WAS TOWED TO A BODY SHOP.  
THE CAUSE HAS NOT BEEN DETERMINED AT THIS TIME. PLEASE PROVIDE FURTHER DETAILS. \*NM

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 28-MAY-2004		Repository <input type="checkbox"/> Reference No. 10073301	
<b>OWNER INFORMATION (Type or Print)</b>					
Name _____			Daytime Telephone Number _____		E-mail Address _____
Address _____			Evening Telephone Number _____		
City PONCE		State PR	Zip Code _____		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____			Date ____/____/____		
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1C3EJ46X5M		Make DODGE	Model STRATUS	Model Year 1999	
Date Purchased 21-DEC-01	Dealer's Name and Telephone Number HENRY MOTORS 787-841-5215		Engine: No. of Cylinders 4	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City PONCE, PUERTO RICO		State	Zip Code 00731	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 11000 ELECTRICAL SYSTEM		
			Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 24-MAY-2004	Failure Mileage 53900	Failure Speed _____			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make _____		Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____	
DOT No. (Example: DOTM19ABC036) _____		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____		
Tire Component Code _____			Tire Failure Type _____		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make: _____		Date Manufactured: _____		Model No./Name: _____	
Seat Type: _____		Installation System: _____			
Child Seat Component Code: _____		Failed Part: _____			
<b>APPLICABLE INCIDENT INFORMATION</b>					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
MY WIFE WAS DRIVING THE CAR (CHRYSLER STRATUS, YEAR 1999), AND AFTER SHE PARK THE CAR IN A SHOPPING CENTER WITH MY YOUNGER DAUGHTER (4 YEARS OLD) *LA					
Include, if available: Police/Fire Department Report, Photos, and Repair Involes.			<b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>		
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 Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

15-JUL-2004

Repository Reference No.  
10075964

## OWNER INFORMATION (Type or Print)

Name

Address

City FORT MYERS

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_

Date: / /

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P3E146X3XN

Make

PLYMOUTH

Model

BREEZE

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner 

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-JUN-2004

Failure Mileage

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WITHIN SECONDS OF TURNING OFF AND EXITING THE VEHICLE, THE CONSUMER WAS NOTIFIED BY AN OFFICER THAT SMOKE WAS COMING FROM UNDER THE HOOD. WHEN THE CONSUMER RETURNED TO THE VEHICLE, FIRE WAS COMING FROM UNDERNEATH THE VEHICLE FROM THE ENGINE COMPARTMENT. THE FIRE DEPARTMENT WAS CONTACTED. UPON ARRIVAL THEY TRIED TO OPEN THE HOOD AND EXTINGUISH THE ENGINE FIRE. THE REPORT INDICATED THAT THE CAUSE OF THE FIRE WAS DUE TO A FAILURE OF EQUIPMENT OR HEAT SOURCE. A FIRE REPORT WAS FILED. \*AK (FAULTY EQUIPMENT) CAUSED THE ENGINE TO EXPLODE. THE CONSUMER REQUESTED COMPENSTATION FOR THE LOSS. \*SC \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 Transportation  
  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100222

Date Received

10-AUG-2004

Repository Reference No.  
10089222**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City DALLAS

State TX

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date / / \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P3E146X4X0

Make

PLYMOUTH

Model

BREEZE

Model Year

1999

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders \_\_\_\_\_

Fuel Type:

Gas

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

114000 ELECTRICAL SYSTEM; WIRING

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
10-AUG-2004Failure Mileage  
100000

Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured \_\_\_\_\_

Number of Deaths \_\_\_\_\_

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER WAS NOTIFIED WHILE IN THE MOVIES THAT THERE WAS A VEHICLE ON FIRE. VEHICLE WAS TOWED, CONSUMER WAS URGED BY THE MANUFACTURER TO CONTACT NHTSA. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 252

Date Received

01-NOV-2004

Repository Reference No.  
10099169**OWNER INFORMATION (Type or Print)**

Name _____			Daytime Telephone Number _____		E-mail Address _____
Address _____			Evening Telephone Number _____		
City	State	Zip Code			
CHARLOTTESVILLE	VA				

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date    /    /   

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B3EJ46X6NN		Make DODGE	Model STRATUS	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders <u>  </u>	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	
			Multiple Failure: <u>  </u>	

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-NOV-2004	Failure Mileage 100000	Failure Speed	
---------------------------------	---------------------------	---------------	--

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e., parts repaired or replaced (and if old part is available).

DROVE 4 TO 5 MILES, THEN THE VEHICLE WAS PARKED INSIDE OF THE GARAGE WHEN IT CAUGHT ON FIRE IN THE ENGINE COMPARTMENT AND  
TOTALLED. THE FIRE DEPARTMENT WAS CALLED TO EXTINGUISHED FIRE. NO INJURIES. THE INSURANCE COMPANY WILL COME OUT  
TOMORROW FOR INSPECTION. PLEASE FILL IN ADDITIONAL INFORMATION. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974—Public Law 93-599 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 Transportation  
**National Highway  
Traffic Safety  
Administration**

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

11-DEC-2004

Repository Reference No.  
10102654**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City LAS VEGAS

State NV

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P3E46K4XN

Make

PLYMOUTH

Model

BREEZE

Model Year

1999

Date Purchased  
31-DEC-99Dealer's Name and Telephone Number  
DESERT DODGE

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner Dealer's City  
LAS VEGAS

State

NV

Zip Code

89102

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
04-DEC-2004Failure Mileage  
92000Failure Speed  
2**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

MY 1999 PLYMOUTH BREEZE CAUGHT FIRE UNDER THE HOOD WHILE SITTING IDLE AT A FAST FOOD DRIVE THRU. A BYSTANDER RAN UP TO MY WINDOW TO ADVISE THAT MY CAR WAS ON FIRE, HE SAW FLAMES COMING OUT OF EXHAUST PIPE. I THEN PROCEEDED TO GET MY 2 YEAR OLD AND SISTER OUT OF THE CAR. FIREMEN CAME TO PUT THE FIRE OUT IN THE CAR AND STATED IT WAS SOME TYPE OF ELECTRICAL FIRE. I HAD NO WARNING OF THIS NO WARNING LIGHTS INSIDE THE CAR WHATSOEVER. \*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

05-AUG-2004

Repository Reference No.  
10086261**OWNER INFORMATION (Type or Print)**

Name

Address

City CROWN POINT

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date: / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1P3EJ46C9XN

Make

PLYMOUTH

Model

BREEZE

Model Year

9999

Date Purchased

Dealer's Name and Telephone Number  
FT WAYNE AUTO AUCTION 260-422-9577

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner 

Dealer's City

FT WAYNE

State

IN

Zip Code

46803

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING,

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

26-JUN-2004

Failure Mileage

65750

Failure Speed

0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ENGINE CAUGHT FIRE DUE TO THE FLEXIBLE RUBBER HOSE FROM THE MAIN FUEL LINE ON THE FIREWALL TO THE THROTTLE LINK OVER THE SPARK PLUGS AND THEN CAUGHT FIRE THIS IS A DEFECT IN THE DESIGN OF THIS SYSTEM I HAVE PHOTOS OF THE FUEL COMING OUT OF THE MAIN FUEL LINE I CALLED CHRYSLER CORP AND THEY REUSED TO ANSWER TO MY COMPLAINT IF YOU NEED THESE PHOTOS I WILL FORWARD TO YOU PLEASE ADVISE IF AND WHEN SOMETHING WILL BE DONE TO CORRECT THIS PROBLEM BEFORE SOME ONE BURNS ALIVE OR POSSIBLE EXPLOSION.\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 27-MAR-2005	Repository <input type="checkbox"/>
	Reference No. 10114835

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City JUPITER State FL Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_

Make DODGE Model STRATUS Model Year 2000

Date Purchased 15-JAN-04 Dealer's Name and Telephone Number NAPLETON AUTO PARK 1-800-695-2067 Engine: No. Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City LAKE PARK State FL Zip Code 33403

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 015200 STEERING:HYDRAULIC POWER ASSIST:HOSE, PIPING, AND

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 27-MAR-2005 Failure Mileage 84999 Failure Speed 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**  
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (e.g., parts repaired or replaced (and if old part is available)).

I HAD A 2000 DODGE STRATUS UNTIL TODAY. TODAY, MARCH 27TH, 2005, MY STRATUS HAD A HYDRAULIC LINE FOR THE POWER STEERING RUPTURE AND CAUSED MY ENTIRE ENGINE COMPARTMENT TO CATCH FIRE. PRIOR TO THE FIRE, I HAD OBSERVED POWER STEERING FLUID ON THE LINE FITTING AND THE LEAK FLUID DROPPED ONTO THE EXHAUST PIPE BELOW. I BOUGHT THE REPLACEMENT HOSE. HOWEVER, THE CAR CAUGHT FIRE BEFORE I GOT A CHANCE TO REPLACE LEAKY POWER STEERING HOSE. I WAS WONDERING IF THIS WAS SOMETHING THAT HAD A RECALL, OR WHAT I MIGHT DO TO RESEARCH THIS MORE AND FIND OUT IF SOMEHOW THIS IS A DEFECT, BECAUSE I KNOW SOMEONE THAT HAD THE SAME ISSUE, BUT CAUGHT IT IN TIME AND HAD IT REPAIRED. THANK YOU FOR YOUR TIME AND READING THIS E-MAIL

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

The Privacy Act of 1974-Public Law 93-502 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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100248

Date Received

18-FEB-2005

Repository Reference No.  
10111767**OWNER INFORMATION (Type or Print)**

Name _____			Daytime Telephone Number _____		E-mail Address _____	
Address _____			Evening Telephone Number _____			
City MAYBROOK		State NY	Zip Code _____			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1 / 1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1J4HR58235C		Make DODGE	Model STRATUS	Model Year 1999
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 114000 ELECTRICAL SYSTEM: WIRING	
Multiple Failure: 1				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 30-JAN-2005	Failure Mileage 179000	Failure Speed _____	
---------------------------------	---------------------------	---------------------	--

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make _____	Tire Model (Name or Number) _____	Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____
Tire Component Code _____	Tire Failure Type _____	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: _____	Date Manufactured: _____	Model No./Name: _____
Seat Type: _____	Installation System: _____	
Child Seat Component Code: _____	Failed Part: _____	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
--	---	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE ENGINE CAUGHT ON FIRE ON ITS OWN 10 MINUTES AFTER IT WAS PARKED. RESULTS SHOWED THAT THERE WAS A WIRE SHORT IN THE ENGINE WHICH CAUSED THE FIRE. \*AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100246

Date Received

08-FEB-2005

Repository Reference No.  
10111091**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City GRAFTON

State WI

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ46X1YN

Make

DODGE

Model

STRATUS

Model Year

2000

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failure: 1

**FAILED COMPONENT(S) / PART(S) INFORMATION**

Incident Date(s)

20-JAN-2005

Failure Mileage

19367

Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTMA19ABC036) \_\_\_\_\_

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY WIFE WAS DRIVING OUR CHILDREN TO SCHOOL IN THE MORNING. JUST A FEW BLOCKS FROM HOME, THE ENGINE LIGHT WENT ON. THEN A LADY IN ANOTHER VEHICLE SUGGESTS TO MY WIFE THAT HER VEHICLE MAY BE OVERHEATING AS LITTLE SMOKE WAS COMING FROM UNDER THE HOOD. MY WIFE CALLED FOR A TOW TRUCK, BUT THE VEHICLE CAUGHT FIRE AND WAS TOTALED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

15-MAR-2005

Repository Reference No.  
10115179**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City MABLETON

State GA

Zip Code 30126

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date / / \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ46X4X1

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

114000 ELECTRICAL SYSTEM: WIRING

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

12-AUG-2004

Failure Mileage

100000

Failure Speed \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036) \_\_\_\_\_

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE WAS PARKED OUTSIDE OF THE RESIDENCE AND FIFTEEN MINUTES LATER VEHICLE CAUGHT ON FIRE IN THE ENGINE COMPARTMENT. DRIVER CALLED THE FIRE DEPARTMENT TO EXTINGUISH THE FIRE. THE CAR WAS RUNNING FINE. THERE WAS NO WARNING OR RECENT REPAIR PRIOR TO THE FIRE. THE VEHICLE WAS TOWED AND TOTALED BY THE INSURANCE COMPANY. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

25-MAR-2005

Repository Reference No.  
10115853**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City MIAMI State FL Zip Code \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 3/25/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side \_\_\_\_\_ Make PLYMOUTH Model BREEZE Model Year 1999  
Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No: Cylinders \_\_\_\_\_  
Transmission Type  Antilock Brakes Powertrain \_\_\_\_\_ Vehicle Component Code 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD  
 Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 14-MAR-2005 Failure Mileage \_\_\_\_\_ Failure Speed 40

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured \_\_\_\_\_ Number of Deaths \_\_\_\_\_ Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING 40 MPH A FIRE STARTED UNDER THE HOOD. CONSUMER MANAGED TO PULL OVER, AND THE VEHICLE WAS TOTALED.  
DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 Transportation  
**National Highway  
Traffic Safety  
Administration**

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

09-MAY-2005

Repository Reference No.  
10120455**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City GUAYNABO

State PR

Zip Code \_\_\_\_\_

Daytime Telephone Number  
\_\_\_\_\_E-mail Address  
\_\_\_\_\_Evening Telephone Number  
\_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 1 / 1 /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ46X8N

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased  
28-JAN-00Dealer's Name and Telephone Number  
\_\_\_\_\_Engine:  
No: Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
\_\_\_\_\_State  
\_\_\_\_\_Zip Code  
\_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

100000 POWER TRAIN

Multiple Failure:  
\_\_\_\_\_**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
07-MAY-2005Failure Mileage  
\_\_\_\_\_Failure Speed  
\_\_\_\_\_**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)  
\_\_\_\_\_Tire Size (Example P215/65R15)  
\_\_\_\_\_

DOT No. (Example: DOTM4L9ABC036)

 Original Equipment  
 Prior RepairFailure Location:  
\_\_\_\_\_Tire Component Code  
\_\_\_\_\_Tire Failure Type  
\_\_\_\_\_**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**Make:  
\_\_\_\_\_Date Manufactured:  
\_\_\_\_\_Model No./Name:  
\_\_\_\_\_Seat Type:  
\_\_\_\_\_Installation System:  
\_\_\_\_\_Child Seat Component Code:  
\_\_\_\_\_Failed Part:  
\_\_\_\_\_**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  NoNumber of Persons Injured  
\_\_\_\_\_Number of Deaths  
\_\_\_\_\_Reported to Police  
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE FIRE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

24-MAY-2005

Repository Reference No.  
10122035**OWNER INFORMATION (Type or Print)**

Name _____			Daytime Telephone Number _____		E-mail Address _____
Address _____			Evening Telephone Number _____		
City WEDOWEE	State AL	Zip Code _____			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1E3E14SK9YN		Make DODGE	Model STRATUS	Model Year 2000
Date Purchased 05-NOV-04	Dealer's Name and Telephone Number BEST NET AUTOS		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City CAROLTON	State GA	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 110000 ELECTRICAL SYSTEM Multiple Failure: 1	

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-MAY-2005	Failure Mileage 129000	Failure Speed _____	
---------------------------------	---------------------------	---------------------	--

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make _____	Tire Model (Name or Number) _____	Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____
Tire Component Code _____	Tire Failure Type _____	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: _____	Date Manufactured: _____	Model No./Name: _____
Seat Type: _____	Installation System: _____	
Child Seat Component Code: _____	Failed Part: _____	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Deaths _____	Reported to Police Y
--	---	---------------------------------	------------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

DT: CAR BURNED IN DRIVEWAY. WAS DRIVING THE CAR AND THE CAR STARTED TO SMOKE. THE SMOKE STOPPED AFTER THE CONSUMER GOT HOME. ABOUT 20 MINUTES LATER, THE CAR CAUGHT ON FIRE UNDER THE HOOD. THE CAR WAS A TOTAL LOSS. HAD THE CAR TOWED TO A BODY SHOP. THE MANUFACTURER'S INVESTIGATORS CAME, AND CONSUMER'S CLAIM WAS DENIED. THE VEHICLE WAS TOTALED. THE DASH LIGHTS WERE FLICKERING AND THE POWER STEERING MADE A LOT OF NOISES PRIOR TO THE FIRE INCIDENT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 100148	
		Date Received  04-MAY-2005		Repository <input type="checkbox"/>  Reference No. 10119754	
<b>OWNER INFORMATION (Type or Print)</b>					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
CHESTER	VA				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner			Date <u>  /  /  </u>		
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make PLYMOUTH	Model BREEZE	Model Year 1998
Date Purchased 01-JAN-99	Dealer's Name and Telephone Number			Engine: No: Cylinders <u>  4  </u>	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 110000 ELECTRICAL SYSTEM		
			Multiple Failure: <u>  1  </u>		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 03-MAY-2004	Failure Mileage 100000	Failure Speed 0			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of Persons Injured	Number of Deaths
				Reported to Police Y	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
CONTACT STATED: HIS CAR FOR SOME REASON CAUGHT ON FIRE IN THE PARKING LOT. ACCORDING TO THE POLICE REPOR ENGINE CAUGHT ON FIRE.*AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>					
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 Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received 05-MAY-2005  
Repository   
Reference No. 10117602

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City BELVA State WV Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 5/1/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B3E146C1YN  
Make: DODGE Model: STRATUS Model Year: 2000

Date Purchased: 01-JAN-04 Dealer's Name and Telephone Number: UNKNOWN Engine: No. Cylinders: 4 Fuel Type: Gas  
Original Owner:  Dealer's City: BENTON State: WV Zip Code: \_\_\_\_\_

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 01-APR-2005 Failure Mileage: 114000 Failure Speed: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ The Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ Tire Failure Type: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ Reported to Police: Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE SHUT DOWN. CONSUMER GOT OUT OF THE VEHICLE AND SAW THERE WAS A FIRE UNDER THE HOOD. FIRE DEPARTMENT ARRIVED TO PUT THE FIRE OUT. VEHICLE WAS TOTALED. \*AK \*BF \*NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

14-JUN-2005

Repository Reference No.  
10125258**OWNER INFORMATION (Type or Print)**

Name

Address

City

BAKERSFIELD

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/1/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3E746X0XN

Make

DODGE

Model

STRATUS

Model Year

1999

Date Purchased  
18-FEB-03Dealer's Name and Telephone Number  
HADDAD DODGE 6613980264Engine:  
No. Cylinders 4Fuel Type:  
GasOriginal Owner  
Dealer's City  
BAKERSFIELDState  
CAZip Code  
93313

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure:

**FAILED COMPONENT(S)/PART(S) INFORMATION**Incident Date(s)  
08-JUN-2005Failure Mileage  
91500Failure Speed  
0**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

I WAS BORROWING MY PARENTS 1999 DODGE STRATUS. I STADOPPED TO PICK UP MY CHILDREN AT THE DAYCARE. LEFT THE CAR FOR ONLY 2 MINUTES AND WHEN I RETURNED TO LEAVE THE CAR WAS ON FIRE. THERE WAS A BLACK SMOKE BILLOWING OUT OF THE ENGINE COMPARTMENT AND THE WHOLE MOTOR WAS ON FIRE. THE FIRE DEPT WAS CALLED AND EXTINGUISHED THE FIRE NOTHING ON THE INTERIOR WAS RUINED ONLY THE HOOD ON THE DRIVERS SIDE AND THE MOTER LOOKS LIKE A HEAP OF MELTED PLASTIC. PRIOR TO THIS INCIDENT THE DRIVERS SIDE WINDOW WAS GOING UP AND DOWN ON ITS OWN SOMEDAYS IT WOULD BE STUCK UP AND SOMEDAYS IT WOULD BE STUCK DOWN. LUCKILY MY PARENTS HAD INS TO COVER THE VEHICLE WHICH NOW IS A TOTAL LOSS BUT NOW THEY NEED MONEY FOR A DOWN ON ANOTHER VEHICLE.. ANYONE WITH AN ATTORNEY OR OTHER INFO PLEASE CONTACT ME. CARLA@JTSCONSTRUCTION.COM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository 

21-JUL-2005

Reference No.  
10129592**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City DETROIT

State MI

Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 7 / 21

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1C3EJ46X0YN

Make

CHRYSLER

Model

CIRRUS

Model Year

2000

Date Purchased \_\_\_\_\_

Dealer's Name and Telephone Number \_\_\_\_\_

Engine:

No: Cylinders \_\_\_\_\_

Fuel Type:

Gas

Original Owner 

Dealer's City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain \_\_\_\_\_

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 0

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

20-FEB-2005

Failure Mileage \_\_\_\_\_

Failure Speed

0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_

Tire Model (Name or Number) \_\_\_\_\_

Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036)

 Original Equipment  
 Prior Repair

Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_

Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_

Date Manufactured: \_\_\_\_\_

Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_

Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_

Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION***(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE 2000 CHRYSLER CIRRUS, WITHOUT ANY WARNING WENT UP IN FLAMES WHILE THE CAR WAS NOT BEING OPERATED. THIS HAPPENED NO MORE THAT TEN MINUTES AFTER IT WAS PARKED. NO WAS WAS INURED, NOR ANY OTHER PROPERTY AS THE CAR WAS PARKED IN MY CHURCH PARKING LOT. THE FIRE DEPARTMENT EXTINGUISHED THE FIRE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 Transportation  
National Highway  
Traffic Safety  
Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100146

Date Received

Repository 

03-JUN-2005

Reference No.  
1012409B**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_  
City GEISMAR State LA Zip Code \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/1/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1P3EJ46XXN178222

Make PLYMOUTH Model BREEZE Model Year 2000

Date Purchased 15-NOV-01 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transmission Type  Antilock Brakes Powertrain FRONT WHEEL DRIVE  
AUTOMATIC  Cruise Control Vehicle Component Code 060000 ENGINE AND ENGINE COOLING  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 10-NOV-2004 Failure Mileage 70000 Failure Speed 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_

DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_

Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_

Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_

Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e., parts repaired or replaced (and if old part is available).

DT: 2000 PLYMOUTH BREEZE, CAUGHT FIRE IN CONSUMER'S YARD. NOTHING ELSE WAS ON FIRE NEAR VEHICLE. CONSUMER'S SON HAD JUST BROUGHT VEHICLE HOME. CONSUMER SEEN SMOKE COMING FROM FRONT OF VEHICLE, SMOKE CAME FROM VEHICLE AFTER IT WAS RESTARTED. \*TT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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.