



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

Repository ☐

2003 JUN -3 AM 10:28  
10-JUN-2003

Reference No.  
10022764

**OWNER INFORMATION (Type or Print)**

Name   
Address   
City NORTHGLENN State CO 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 6/18/03

**VEHICLE INFORMATION**

|                                                       |                                                                                                           |               |                                                                  |                      |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|----------------------|
| VIN: 1B7MF336X3540672                                 |                                                                                                           | Make<br>DODGE | Model<br>D350                                                    | Model Year<br>1999   |
| Date Purchased<br>10-22-98                            | Dealer's Name and Telephone Number<br>Bob Rawner Motors 307-322-3146                                      |               | Engine: Cummins<br>No. of Cylinders<br>6                         | Fuel Type:<br>Diesel |
| Original Owner<br><input checked="" type="checkbox"/> | Dealer's City<br>Wheatland                                                                                | State<br>WY   | Zip Code<br>82201                                                |                      |
| Transmission Type<br>5 speed Manual                   | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain    | Vehicle Component Code<br>102000 POWER TRAIN:MANUAL TRANSMISSION |                      |
| Multiple Failure: 1                                   |                                                                                                           |               |                                                                  |                      |

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

|                            |                          |                        |
|----------------------------|--------------------------|------------------------|
| Incident Date(s)<br>6/8/03 | Failure Mileage<br>70000 | Failure Speed<br>70mph |
|----------------------------|--------------------------|------------------------|

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

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

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

|                                                 |                                           |                                      |
|-------------------------------------------------|-------------------------------------------|--------------------------------------|
| Make: <input type="text"/>                      | Date Manufactured: <input type="text"/>   | Model No./Name: <input type="text"/> |
| Seat Type: <input type="text"/>                 | Installation System: <input type="text"/> |                                      |
| Child Seat Component Code: <input type="text"/> | Failed Part: <input type="text"/>         |                                      |

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s). Followed, Caused, and Intended.)

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

THERE IS A HISS IN THE BACK OF THE STANDARD TRANSMISSION THAT FALLS OFF. WHEN THIS ACCRUES VEHICLE LOSES FIFTH GEAR THEN REVERSE. \*AK\*  
At 70mph nut fell off inside transmission causing vehicle to free wheel in 5th gear. Had I been pulling my large, heavy 5th wheel trailer then the situation this could have caused a big accident. The dealer told me that this problem is common with my Dodge truck and that Dodge had come out with a repair kit including a special nut to solve the defect. I think this should have been a recall item, yet when I called Dodge they said it hadn't been recalled and they would do nothing to assist me in the repair. (see attached repair bill)

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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**