



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

2005 NOV 15 AM 9:54
26-OCT-2005

FOR AGENCY USE ONLY 100148

Date Received
Repository
Reference No.
10140877

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHESAPEAKE State VA Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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
1B7KE2882 [REDACTED] Make DODGE Model RAM Model Year 1980
Date Purchased 19-DEC-04 Dealer's Name and Telephone Number PRIVATE PARTY Engine: No: Cylinders 6 Fuel Type: Diesel
Original Owner Dealer's City CHESAPEAKE State VA Zip Code 23325
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-AUG-2005 Failure Mileage 17000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/85R15)
DOT No. (Example: DOTM18ABC036) 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(es).)

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).

DT:THE CONTACT STATES THERE IS NHTSA RECALL 95V1030000 CONCERNING FRONT SEAT BELT ASSEMBLY. HE CONTACTED THE MANUFACTURER, AND WAS TOLD THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. THE SEAT BELT WILL NOT SECURE THE OCCUPANT ON THE DRIVER'S SIDE. THE SHOULDER BELT STRAP WILL NOT LOCK, AND THE BUCKLE WILL NOT STAY LATCHED. THIS HAPPENED EVERY TIME HE USED THE SEAT BELT. THE VEHICLE HAS NOT BEEN REPAIRED.*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.

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

Regarding my 1990 Dodge Ram pickup the seat belt, at the chest level
does not secure properly with slack in chest area belt.
The locking lap buckle has to be forced into lock position,
and sometimes releases while vehicle is in motion.
PERIODICAL LUBRICATION MAY CORRECT THIS PROBLEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

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COMPLETE THIS FORM

ON

DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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