



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
TO REPORT VEHICLE SAFETY DEFECT  
1-888-DASH-2-DOT  
1-888-327-4236  
INTERNET: <http://www.nhtsa.dot.gov>

**RECEIVED FOR AGENCY USE ONLY**  
Date Received: **00 FEB -9 AM 6:11**  
OFFICE OF DEFECTS INVESTIGATION  
Reference No. **550850**

**OWNER INFORMATION (Type or Print)**

[Redacted Owner Information]

Daytime 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: [Redacted] Date: **1/23/00**

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.) (17 Digits) <b>1B7HF1640V5183884</b>	(Located at bottom of windshield on driver's side)	Vehicle Make <b>Ram Pickup</b>	Vehicle Model <b>Dodge</b>	Vehicle Year <b>1997</b>	Current Odometer Reading <b>50684</b>
Purchased Date <b>6/97</b>	Dealer's Name <b>Gomes Total Chrysler</b>	Engine Size (CID/CYL) <b>2</b>	State <b>CT</b>	Zip Code <b>06260</b>	No. Cylinders <b>2</b>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <b>Putnam</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivebrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

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

Component <b>TRANSM.</b>	Part Name(s) <b>Not Avu.</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured	Number of Fatalities	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).  
Note: This information not required for normal operation tires.

<b>DOT</b>	Manufacturer	Tire Name	Complete Tire Size
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**U.S. DOT safety standard code**  
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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 administration 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)

Transmission went 6 mths after purchase. Then fixed again. The transmission said it could be fixed. But next week not fit to be driven.  
Call us at the number given!  
IMMEDIATE!

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business  
Penalty for Private Use \$300



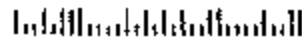
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

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COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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