

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

## DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire

Posted

TO REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

RECEIVED

00 MAR 21 AM 8:00

Reference No.

551454

## OWNER INFORMATION (Type or Print)

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 03/14/2000

## PRODUCT INFORMATION

|                                                                                      |                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Identification No. (VIN)<br>(17 Digits)<br>1 B 7 E L 1 6 G 1 K 5 1 8 0 9 0 2 |                                                                                                    | Make<br>Dodge                                                                                                                                                                                                                       | Model<br>Dakota                                                                                                                                                                                            | Year<br>1989                                                                                                                                                                                                                                                      |
| Purchased Date<br>1989                                                               | Dealer's Name<br>Guyett Motors                                                                     |                                                                                                                                                                                                                                     | Engine Size<br>(CID/CC/L) 2.5                                                                                                                                                                              | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                | Dealer's City<br>Turlock                                                                           | State<br>CA                                                                                                                                                                                                                         | Zip Code<br>95380                                                                                                                                                                                          | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection                                                                                                                                                                                   |
| Manufacture Date<br>(on driver's door or pillar)<br>5/89                             | Transmission Type<br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Restraint System<br><input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> 3-Point Belt | Cruise Control<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                      | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other |
|                                                                                      |                                                                                                    | Drivetrain<br><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                              | Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                   |

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

|                          |                                                                                                                                          |                                                                                                     |                                                                                     |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Part Name(s)<br>Computer | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | Handicap Adaptive Equip<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

|                 |                                                                                |                                                                                         |
|-----------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Tire Brand      | Tire Name                                                                      | Complete Tire Size                                                                      |
| No. of Failures | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s): | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                 |                                                                                | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

|                                                                   |                                                                  |                           |                      |                                                                                      |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------------------------------------------------|

Narrative Description of Incident(s), Failure(s), Crash(es) and Injury(ies). Truck would die for no reason have to set for awhile before it would start. Almost had a big diesel come in the back it died in traffic. could find a replacement part anywhere. Hopefully we found a place to rebuild it. was very unsafe to drive the way it was dieing

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-366-7882