



**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

**POSTED**  
 AGENCY USE ONLY  
 Date Rec'd: NAD-40  
 RECEIVED  
 00 OCT 11 AM 8:31  
 OFFICE DEFECTS INVESTIG  
**555559**  
 Reference No: \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of \_\_\_\_\_ or address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date: 9/27/00

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN) (17 Digits) <u>1B7KF2322YJ148234</u>		Make <u>Dodge</u>	Model <u>Quad Cab 3/4 ton Pickup</u>	Year <u>2000</u>
Purchased Date <u>10/13/99</u>	Dealer's Name <u>Gillis Motors</u>		Engine Size (CID/CC/L) <u>5.9L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Hayward</u>	State <u>CA</u>	Zip Code <u>94843</u>	No. Cylinders <u>8</u>
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Passengerside Air Bag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4 Wheel
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

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

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand	Tire Name	Complete Tire Size
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 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). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).  
 Since the time we purchased vehicle we have had trouble with the steering. The truck wanders and is very hard to drive especially when there are outside factors, such as snow, rain or wind. Chrysler has been contacted. Many parts have been replaced. Went through arbitration and was told that we could not prove the vehicle drove bad. The arbitrator could not drive vehicle or take written statements from people who actually have driven vehicle, so it was next to impossible to prove. Vehicle has been to dealer 5 times for steering & 4 times for the brakes. I have

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 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.

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

Had the Vehicle in to Dealer a total of 12 times in 10 months.  
We don't feel the Vehicle is safe to drive and have contemplated  
filing a Lawsuit.

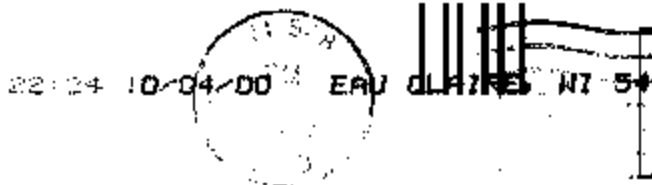
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 NAT'L HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VQQ)**

**DOT AUTO SAFETY HOTLINE**

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COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) 2 DOT



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

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