

U.S. Department
of TransportationNational 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

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OWNER INFORMATION (Type or Print)

OFFICE
 DEFECTS INVESTIGATION

556308

Daytime 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 12/15/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 3B7HC12Y5XG206763		Make Dodge		Model PICKUP RAM 1500		Year 1999	
Purchased Date Sept 99		Dealer's Name West Here Dodge			Engine Size (CID/KG/L) 318		<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's City ORCHARD PARK		State N.Y.		No. Cylinders 8	
Manufacture Date (on driver's door or pillar) 4/99		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input checked="" type="checkbox"/> Passenger Air Bag <input checked="" type="checkbox"/> 3-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
						Body Style <input checked="" 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

Part Name(s) BRAKES		Location <input type="checkbox"/> Left <input type="checkbox"/> Front		<input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		Handicap Adaptive Equip <input type="checkbox"/> Yes <input 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 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 0		Number of Fatalities 0		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).

I HAVE HAD A TEMPORARY BRAKE FAILURE 8-10 TIMES IN THE PAST YEAR. USUALLY UNDER 40MPH AND ON BUMPY ROAD. I HAVE HAD THE TRUCK TO THE DEALER A NUMBER OF TIMES AND HAVE NOT BEEN ABLE TO DUPLICATE THE PROBLEM. IT HAS NOT HAPPEN IN OVER 1 MONTH. I HAVE HAD A COUPLE OF CLOSE CALLS AND AM VERY CONCERNED ABOUT THIS PROBLEM. I CAN NOT AFFORD TO TRADE THE TRUCK AND I WOULD NOT BE ABLE TO SELL IT TO A PRIVATE PARTY AND SLEEP AT NIGHT.

Continue on back.

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 administrative 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

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

The dealer HAS WASHED THEIR HANES OF THE PROBLEM AND THINK I AM AGAIN. I HOPE YOU CAN HELP BEFORE SOME IS SERIOUSLY HURT.

Thank you



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 NATL. 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

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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