



U.S. Department of Transportation

National Highway Traffic Safety Administration

**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Data Received 13-APR-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 721413	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 1B7GL22X3XS174512	Vehicle Make DODGE TRUCK	Vehicle Model DAKOTA	Vehicle Year 1999	Current Odometer Reading
---	------------------------------------	--------------------------------	-----------------------------	--------------------------

Purchase Date 01-SEP-1999	Dealer's Name _____	Engine Size (CID/CC/L) 3.9L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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 _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	---	--	--	---	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	--	--	---

No. of Failures 1	Date(s) of Failure(s) 13-MAR-2000	Mileage at Failure(s) 17200	Vehicle Speed at Failure(s) 45	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	--	------------------------------------	---------------------------------------	---	---

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAD TO BRAKE SUDDENLY FOR A DEER. THE DRIVER SIDE SEAT BELT LOCKED PROPERLY AND HELD ME AWAY FROM THE STEERING WHEEL. THE PASSENGER SIDE SEAT BELT DID NOT LOCK AND MY WIFE WAS THROWN FORWARD INTO THE DASH. I SUBSEQUENTLY CHECKED THE SEAT BELT AND FOUND IT WOULD NOT LOCK AT ALL. I TOOK THE VEHICLE TO THE DEALER AND THEY ORDERED AND INSTALLED A NEW ONE FROM THE MANUFACTURER. WHEN I PICKED UP THE VEHICLE THE NEW SEAT BELT DID NOT WORK EITHER. THE SERVICE MANAGER TRIED TO CONVINC ME THAT IF I FIRST WOULD LET THE BELT GO BACK AND THEN YANK ON IT IT WOULD WORK. I ASSURED HIM THAN IN A FRONTAL CRASH A BODY AT REST DOES NOT GO BACK AND THEN FORWARD. I REMINDED HIM THAT EINSTEIN FIGURED THAT OUT A LONG TIME AGO. HE SHOWED ME A JEEP IN THE SHOP WHOSE SEAT BELT ALSO

CONTINUED ON BACK PLEASE

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.