

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
OWNER INFORMATION (Type or Print)		Date Received 17-JUL-2000	Od_ or rt_ dt od_ rt up_ ltr
DAVID THORPE 628137 5550 RIVER HEIGHTS CROSSING MARIETTA GA 30067		Reference No. 725573	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number Home Number 770 956 8255	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1B7FL26P0XS250385	DODGE TRUCK	DAKOTA	1999
Current Odometer Reading	Purchase Date 01-AUG-1999		Dealer's Name _____
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____
<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial Bell <input type="checkbox"/> 2-Point Belt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input 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 Utl Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	FAILED COMPONENT(S)/PART(S) INFORMATION		
Component 13100000	Par. Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	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	Date(s) of Failure(s) 12-JUL-2000 Mileage at Failure(s) 13000 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
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	Number of Fatalities
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	