

Auto Safety Hotline

FOR AGENCY USE ONLY 258

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

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Date Received

20-JAN-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

739669

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>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3B7KF23D2YM501557	DODGE TRUCK	RAM	1997	

Purchase Date <b>01-NOV-2096</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ 5.9 L No Cylinders _____	<input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

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

Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL	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
No. of Failures 3	Date(s) of Failure(s) 02-JAN-2001 Mileage at Failure(s) 73000 Vehicle Speed at Failure(s) 35	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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

PLEASE DELETE ODI #739665. THIS IS THE REVISED COMPLAINT. THE FIRST REPAIR TO THE ACCELERATOR STICKING WAS DONE AT THE CADILLAC TRUCK CENTER IN CADILLAC, MICHIGAN. THE LAST TWO REPAIRS WERE DONE AT BONNEY MOTOR SALES IN LAKE CITY, MICHIGAN. I NOTIFIED DODGE CORPORATE HEADQUARTERS IN AUBURN HILLS, MICHIGAN, OF THIS PROBLEM IN NOVEMBER OF 1999, AND THEY RESOLVED THIS BY "PAYING FOR THE REPAIRS." MY CONTACT PERSON AT THAT TIME WAS MIKE BROZOWSKI. AT THAT TIME MY TRUCK HAD 56,000 MILES ON IT. THE LAST TIME I WROTE THEM A LETTER IT WAS DATED JANUARY 5, 2001, AND ALSO SENT THEM THE BILL IN THE AMOUNT OF \$66.63 FOR ANOTHER REPAIR (#3) AT 73,000 MILES. WE DID GET A RESPONSE FROM THAT LETTER LAST WEEK. HER NAME WAS BRANDY AND HER PHONE NUMBER WA

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-502 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.