Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY 258

Date Received: 05-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 749903

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
3B7KF2363XG201366	DODGE TRUCK	RAM	1999	

Purchase Dat			
01-MAY-1999	Dealer's Name_____	Engine Size (CID/CC/L ____	☒ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT,	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	10-MAR-2001	41000 70	☐ Yes ☐ No	☐ Yes ☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

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

I WAS IN AN AUTO ACCIDENT WHERE I REAR ENDED A TRACTOR TRAILER. I WAS TRAVELING 70MPH AND THE TRACTOR TRAILER 55MPH. I HIT THE TRUCK EXACTLY PERPENDICULAR AND THE FRONT OF MY TRUCK WAS CRUSHED IN ABOUT 2 FEET. THE FRAME WAS SEVERLY DAMAGED AND HAD TO BE REPLACED. I AM FILING THIS BECAUSE THE BODY SHOP HIGHLY RECOMMENDED WE TAKE ACTION. HE SAID THE AREA WHERE THE SENSORS FOR THE AIRBAGS ARE LOCATED WAS MANGLED AND THAT THE AIRBAGS SHOULD HAVE DEPLOYED. THE AIRBAG SYSTEM WAS CHECKED BY JOHN KELTNER (LIC. # 35844). HIS REMARKS WERE THAT THE SYSTEM TEST WAS PERFORMED AND NO PROBLEMS WERE FOUND AT THIS TIME AND NO REPAIRS WERE NEEDED. I AM AWARE OF SOME RECALLS WITH DODGE AND WANTED TO BE SURE THE AIRBAG SYSTEMS WOULD BE COVERED. THANK YOU FOR YOUR HELP.*A

CONTINUE ON A SEPARATE SHEET IF NECESSARY