



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

16-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

750610

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3B7KF23641G171012                                                                                | DODGE TRUCK  | RAM           | 2001         |                          |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-APR-2000</b>                                                        | Dealer's Name _____                                                                       | Engine Size<br>(CID/CC/L) <u>5.9</u>                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                      | City _____ State _____ Zip Code _____                                                     | No Cylinders _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                        |
|                                                                                            |                                                                                           | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                               | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                            |                                                                                           |                                                                                                                                                                                                                                             | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                          |

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

|                       |                                                                                             |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12111200 | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.                     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>1    | Date(s) of Failure(s) <u>09-JUL-2001</u><br>Mileage at Failure(s) <u>33496</u><br><u>45</u> | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities<br>0 | Estimated Property Damag<br>_____ | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|

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

IN A HEAD-ON COLLISION, THE AIR-BAG DID NOT DEPLOY FOR THE DRIVER. DODGE INSPECTED AND CLAIMED THAT THE COLLISION WAS SLIGHTLY OR NOT PERFECTLY STRAIGHT-ON (DAMAGE IS ACROSS ENTIRE FRONT AND PASSENGER HAD TO BE PRIED-OUT OF THE VEHICLE). THE AUTO CLUB DECLARED THE VEHICLE A TOTAL LOSS. OWNER BELIEVES AIR-BAGS SHOULD HAVE WORKED. A SECOND OPINION, OTHER THAN BY THE MFG. IS DESIRED. WIFE OF DRIVER BELIEVES SHE HEARD A RECALL ON THE NEWS FOR STEERING ON DODGE TRUCKS HAVING TO DO WITH AIRBAGS BUT CANNOT FIND IT IN WRITING. PLEASE ADVISE.\*AK

COPIES OF THIS FORM ARE:

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.