



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

24-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

752510

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3B7HC13Z11G173291	DODGE TRUCK	RAM	2001	

Purchase Date 01-APR-2000	Dealer's Name _____	Engine Size (CID/CC/L) 5.9L	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08310000 08100000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD ELECTRICAL SYSTEM:BATTERY	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) 29-DEC-2000 11744 Mileage at Failure(s) 65	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
---	---	--------------------------------	---------------------------	-------------------------------	---

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

WHILE DRIVING ON THE INTERSTATE ALL OF THE GAUGES QUIT WORKING. WHILE ATTEMPTING TO PULLOVER THE HORN STARTED TO BLOW AND THE LIGHTS STARTED GOING OFF AND ON. I WAS ABLE TO PULLOVER BUT THE TRUCK WOULD NOT TURN OFF. A SHORT TIME LATER MY WIFE SMELLED ELECTRICAL SMOKE. I OPENED THE HOOD AND THE FUSE BOX WAS ON FIRE. I WAS ABLE TO EXTINGUISH THE FIRE AND THE TRUCK WAS TOWED TO MUSIC CITY DODGE IN MURFREESBORO TN. AFTER TWO MONTHS VEHICLE WAS REPAIRED, EXPLANATION BY DEALER WAS BATTERY CABLE NOT PROPERLY INSTALLED AT THE FACTORY.

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.