



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 1038**

Date Received

23-JAN-2002

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

Reference No.

8002677

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>(Locate at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HC13Y1VJ558555	DODGE TRUCK	RAM 1500	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input 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 <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	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 Failure	Dates of Failure(s) 13-JAN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 93		
	Vehicle Speed at Failure(s) _____		

### 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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHEN DRIVING DRIVER'S SIDE SEAT COLLAPSED TO RECLINING POSITION. CONSUMER HAS CONTACTED DEALER; THE DEALER HAS REPLACED SEAT TRACK AND ANCHOR TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK**

COPIED FROM NHTSA FORM 1038

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.



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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 1038

Received  
23 JAN 2002  
Office Investigation

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_r1 \_\_\_\_\_  
up\_itr \_\_\_\_\_

Reference No.  
8002677

### OWNER INFORMATION (Type or Print)

[Redacted] 735198

Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of a signature, the name and address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 2/4/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1B7HC13Y1VJ558555  
Vehicle Make DODGE TRUCK  
Vehicle Model RAM 1500  
Vehicle Year 1997  
Current Odometer Reading 93744

Purchase Date June 10, 2000  
Dealers Name Infinity  
City Camatos State CA Zip Code 90703  
Engine Size CID/CC/L 2  
No. Cylinders 2  
 Turbo  
 Diesel  
 Gas  
 Fuel Injectic

Transmission Type  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 Ut  
 Van  Truck  
 Minivan  Motorcycle  
 Other  
Body Style  2-Door  
 4-Door  
 Stationwagon  
 Pick Up  
 Truck

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

Component 12310000  
Part Name(s) INTERIOR SYSTEM: SEAT TRACKS AND ANCHORS  
Location  Left  Right  
 Front  Rear  
Failed Part's  Original  
 Replacement  
No. of Failures 1  
Date(s) of Failure(s) 13-JAN-2002  
Mileage at Failure(s) 93  
Vehicle Speed at Failure(s) Approx. 20 mph  
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 Damage 0  
Reported to Police  Yes  No

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

WHEN DRIVING DRIVER'S SIDE SEAT COLLAPSED TO RECLINING POSITION. CONSUMER HAS CONTACTED DEALER; THE DEALER HAS REPLACED SEAT TRACK AND ANCHOR TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. I contacted Chrysler Corporation but have not yet replaced parts. I will take it to the Dodge Dealer to have them replaced.  
2-4-02 [Signature]

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.

