



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 336**

Date Received

23-JAN-2002

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

Reference No.

8002720

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>(Location at bottom of<br/>windshield and driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                       | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                               |
| 1B7HG2AN61S310390                                                                                   |                                                             | DODGE TRUCK                                                                                                                                                                                                        | DAKOTA                                                      | 2001                                                                                                                                         |                                                                                                                                                                                                                        |
| Purchase Date                                                                                       | Dealer's Name _____                                         |                                                                                                                                                                                                                    | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                        |
| <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                                                                                                                                                                                                           |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                                               |
|                                                                                                     |                                                             |                                                                                                                                                                                                                    |                                                             | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                  | 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>01100000 | Part Name(s)<br>STEERING:WHEEL AND COLUMN                                                          | 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         | Dates of Failure(s) 07-JAN-2002<br>Mileage at Failure(s) 3859<br>Vehicle Speed at Failure(s) _____ | 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 type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

**WHILE MAKING A LEFT TURN AT 5 MPH THE STEERING WHEEL BECAME VERY STIFF. DRIVER STEERING WHEEL WAS STUCK TO THE POSITION. WHEEL WOULD NOT STRAIGHTEN UP. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK**

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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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  | <b>FOR AGENCY USE ONLY 335</b><br>Date Received: <u>03-JAN-2002</u><br>Office: <u>DEFECTS INVESTIGATION</u><br>Reference No.: <u>8002720</u>                                                                    |                                                                                                                                                         |
| <b>OWNER INFORMATION (Type or Print)</b><br>Name: <u>BRADLEY</u><br>Address: <u>[REDACTED]</u><br>City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  | Do you authorize NHTSA to provide a copy of your response to the manufacturer?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Signature of: <u>[REDACTED]</u> Date: <u>3/29/2002</u> |                                                                                                                                                         |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                         |
| Vehicle Identification No. (VIN) (Must include characters windshield area)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vehicle Make                                                                                                                                                     | Vehicle Model                                                                                                                                                                                                   | Vehicle Year                                                                                                                                            |
| <u>1B7HG2AN61S310390</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>DODGE TRUCK</u>                                                                                                                                               | <u>DAKOTA</u>                                                                                                                                                                                                   | <u>2001</u>                                                                                                                                             |
| Purchase Date<br><u>8/22/2002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dealer's Name <u>SMITH STOKES</u>                                                                                                                                |                                                                                                                                                                                                                 | Engine Size<br>CID/CC/L <u>4.7</u>                                                                                                                      |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City <u>Reidsville</u> State <u>NC</u> Zip Code <u></u>                                                                                                          |                                                                                                                                                                                                                 | No. Cylinders <u>8</u>                                                                                                                                  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Antilock Brakes                                                                                                                                                  | Restraint System                                                                                                                                                                                                | Cruise Control                                                                                                                                          |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                      | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag                                                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                             |
| Vehicle Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Body Style                                                                                                                                                       | Drive Type                                                                                                                                                                                                      | Engine Type                                                                                                                                             |
| <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                         |
| Component<br><u>D1100000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part Name(s)<br><u>STEERING WHEEL AND COLUMN</u>                                                                                                                 | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear                                                                  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                  |
| No. of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date(s) of Failure(s)<br><u>07-JAN-2002</u>                                                                                                                      | Mileage at Failure(s)<br><u>3659</u>                                                                                                                                                                            | Vehicle Speed at Failure(s)<br><u>10 mph</u>                                                                                                            |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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                                                                                                                                    |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                         |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  | Reported to Police                                                                                                                                                                                              |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        |                                                                                                                                                         |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>WHILE MAKING A LEFT TURN AT 5 MPH THE STEERING WHEEL BECAME VERY STIFF. DRIVER STEERING WHEEL WAS STUCK TO THE POSITION. WHEEL WOULD NOT STRAIGHTEN UP. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK<br>POWER STEERING FAILED FOR APPROXIMATELY 80 MILES. AFTER LETTING VEHICLE STAY PARKED OVER NIGHT THE POWER STEERING BEGAN TO WORK AGAIN.                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                         |
| The Privacy Act of 1974 (Public Law 93-574) 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. |                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                         |