



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 241

Date Received

30-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003264

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
1B7MF3367XJ555873		DODGE TRUCK	RAM 3500	1999	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Util ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08120000	Part Name(s) ELECTRICAL SYSTEM:BATTERY:CABLE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 06-JAN-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 45344		
	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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE REPLACING NEGATIVE BATTERY CABLE TO NEGATIVE POST A DIRECT CHARGE OCCURRED.
DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*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.



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

FOR AGENCY USE ONLY 241

Date Received

07 APR 05 AM 11:35

30 JAN 2002

OFFICE

DEFECTS INVESTIGATION

Od or

st dt

od rt

up ltr

Reference No.

8003264

OWNER INFORMATION (Type or Print)

736664

CARLINDILLE

IL

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 disclose your name and address to the vehicle manufacturer.

Signature of Owner

Date 03/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located on driver's side of windshield)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7MF3387XJ555873	DODGE TRUCK	RAM 3500	1999	45844
Purchase Date ☐ New ☒ Used	Dealer's Name <u>SMOKEY JENNINGS</u> City <u>PALMYRA</u> State <u>IL</u> Zip Code _____		Engine Size (CID/CC/L) No Cylinders <u>6</u>	☒ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injectio
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 ☐ Van ☐ Minivan ☐ Other		Body Style ☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up ☐ Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08120000	Part Name(s) ELECTRICAL SYSTEM:BATTERY:CABLE	Location ☐ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacemen
No of Failures 2	Date(s) of Failure(s) <u>06-JAN-2002</u> Mileage at Failure(s) <u>45344</u> Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE REPLACING NEGATIVE BATTERY CABLE TO NEGATIVE POST A DIRECT CHARGE OCCURRED. DEALER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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