



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 758

Date Received

21-FEB-2002

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Reference No.

8004341

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3B711F13231M50337		DODGE TRUCK	RAM	2001	
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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 15-FEB-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 30000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) 10		

APPLICATION INCIDENT INFORMATION

(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	Estimated Property Damag	Reported to Police
☒ Yes ☐ No	☐ Yes ☐ No	C			☐ Yes ☐ No

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

WHILE DRIVING 10 MPH VEHICLE WAS STRUCK BY VAN DRIVING 50 MPH, FRONT CRASH. NEITHER AIRBAG DEPLOYED. VEHICLE WAS TOTALLED. NO INJURIES.*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.



DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

758

Date Received

02 APR 2 2002 LON

OFFICE

DEFECTS INVESTIGATION

Od or
rt dt
od rt
up ltr

Reference No.

8004341

OWNER INFORMATION (Type or Print)

Work Number

Home

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of your name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 3/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Indicate location of bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3B711F13231M50337	DODGE TRUCK	RAM	2001	30000
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☒ New ☐ Used	City	No Cylinders		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☒ Rear ☒ 4-Wheel
Vehicle Type		Body Style		
☐ Car ☐ Van ☐ Minivan ☐ Other		☐ Sport Ult ☒ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 15-FEB-2002 Mileage at Failure(s) 30000 Vehicle Speed at Failure(s) 10	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 22580.00 Other Vehicle Totaled	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 10 MPH VEHICLE WAS STRUCK BY VAN DRIVING 50 MPH, FRONT CRASH. NEITHER AIRBAG DEPLOYED. VEHICLE WAS TOTALLED. NO INJURIES.*AK

CONTINUE ON BACK IF NEEDED

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