



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

22-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004383

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 door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HC16XD1S251627	DODGE TRUCK	1500	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	Body Style
☐ 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 _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112200	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:CD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Dates of Failure(s) 19-FEB-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 8000		
	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 TRAVELING AT 50 MPH, ANOTHER VEHICLE TRAVELING AT ABOUT 45 TO 60 MPH HIT CONSUMER'S VEHICLE ON FRONT DRIVER'S SIDE. DRIVER'S SIDE AIR BAG DID NOT DEPLOY. PLEASE 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
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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 335

Date Reported

22-FEB-2002

OFFICE

DEFECTS INVESTIGATION

Od_or

rt_d1

od_rt

up_ltr

Reference No.

8004383

Work N

Home N

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of

☒ YES

☐ NO

and address to the vehicle manufacturer.

Signature of Owner

Date 3/6/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located on bottom of windshield on driver's side)

1B7HC16X01S251627

Vehicle Make

DODGE TRUCK

Vehicle Model

1500

Vehicle Year

2001

Current Odometer Reading

8413

Purchase Date

AUGUST 2001

Dealer's Name MIKE QUINN DODGE

Engine Siz 1500

(CID/CC/L

No Cylinders 6

☐ Turbo

☐ Diesel

☐ Gas

☒ Fuel Injection

☒ New ☒ Used

Cty TULSA State OK Zip Code ?

Transmission Type

☐ Manual

☒ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☐ 3-Point Belt

☒ Driverside Airbag

☐ Passengerside Airbag

☐ Motorbelt

☐ 2-Point Belt

Cruise Control

☒ Yes

☐ No

Drive Train

☐ Front

☒ Rear

☐ 4-Wheel

Vehicle Type

☐ Car

☐ Van

☐ Minivan

☐ Other

Sport Utility Vehicle

☒ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☐ 4-Door

☐ Stationwagon

☒ Pick Up

☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

1211200

Part Name(s)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR: C

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☒ Original

☐ Replacement

No of Failures

1

Date(s) of Failure(s) 19-FEB-2002

Mileage at Failure(s) 8000

Vehicle Speed at Failure(s) 45 TO 50 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

1 in my vehicle

Number of Fatalities

0

Estimated Property Damage

MY VEHICLE IS STOLEN

Reported to Police

☒ Yes

☐ No

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

WHILE TRAVELING AT 50 MPH, ANOTHER VEHICLE TRAVELING AT ABOUT 45 TO 60 MPH HIT CONSUMER'S VEHICLE ON FRONT DRIVER'S SIDE. DRIVER'S SIDE AIR BAG DID NOT DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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