



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 1039**

Date Received

27-FEB-2002

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

Reference No.

8004654

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B7GL2AX7YS686938	DODGE TRUCK	DAKOTA	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 02000000	Part Name(s) SUSPENSION	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) 21-JUN-2000 Mileage at Failure(s) 25 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE SWAYS BACK AND FORTH. TOOK VEHICLE TO DEALER, AND HAD AN ALIGNMENT, BUT PROBLEM STILL EXISTS. \*AK

COPIED FROM NHTSA FORM 1039

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.

UPDATED

COPIED

Qced  
Form Approved: C.M.B. No. 2127-0008

APR 03 2002 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  
 Date Received: FEB 25 2002  
 27-FEB-2002  
 DEFECTS INVESTIGATION

1039  
 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.  
 8004654

**OWNER INFORMATION (Type or Print)**

Do you authorize \_\_\_\_\_ of your vehicle?  
 In the absence of your signature, \_\_\_\_\_ and address to the vehicle manufacturer. YES  NO

Signature of Owner \_\_\_\_\_ Date: 3/11/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) 1B7GL2AX7YS686938  
 Vehicle Make DODGE TRUCK  
 Vehicle Model DAKOTA  
 Vehicle Year 2000  
 Current Odometer Reading 26,390

Purchase Date 100  
 Dealer's Name Chestonfield Dodge  
 City Middletown State Va. Zip Code 23113

New  Used  
 Engine Size (CID/OIL) 3.6  
 No. Cylinders 6  
 Turbo  
 Diesel  
 Gas  
 Fuel Injection

Transmission Type  Manual  Automatic  
 Antilock Brakes  Yes  No  
 Restraint System  3-Point Belt  Motorbelt  
 Driverside Airbag  2-Point Belt  
 Passengerside Airbag  
 Cruise Control  Yes  No  
 Drive Trax  Front  Rear  4-Wheel  
 Vehicle Type  Car  Sport Util  
 Van  Truck  
 Minivan  Motorcycle  
 Other  
 Body Style  2-Door  
 4-Door  
 Stationwagon  
 Pick Up  
 Truck

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

Component 02000000  
 Part Name(s) SUSPENSION  
 Location  Left  Right  
 Front  Rear  
 Failed Part(s)  Original  Replacement

No. of Failures \_\_\_\_\_  
 Date(s) of Failure(s) 21 JUN 2000 Everyday  
 Mileage at Failure(s) 25 - 12,000 - 27,000 - 26,390  
 Vehicle Speed at Failure(s) 25 - 55  
 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 None  
 Number of Fatalities None  
 Estimated Property Damage None  
 Reported to Police  Yes  No

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

WHILE DRIVING VEHICLE SWAYS BACK AND FORTH. TOOK VEHICLE TO DEALER, AND HAD AN ALIGNMENT, BUT PROBLEM STILL EXISTS. \*AK  
 12,000 mi - Two (2) new front tires & alignment. Dealer  
 24,000 mi - " " " " " " " " Sears  
 mi. alignment - Dealer

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

DOT MBHFERLR1H9

MANUFACTURER/TIRE NAME

Good Year

SIZE P215/R15  
75

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Chrysler technician checked vehicle - found nothing wrong!  
Dealer claimed to have fixed problem, for some problem.

☆ U.S. G.P.O. 1992-625-8871-82008

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

400 Seventh St., S.W.  
Washington, D.C. 20580

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

**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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