Form Approved: OMB No. 2127-0042

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 120

Date Received: 19-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8005942

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	DODGE TRUCK	1500	1999	

Purchase Dat: ☐ New ☒ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	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 Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02170000	SUSPENSION:INDEPENDENT FRONT:BEARING WHEEL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	20-FEB-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 90000		
	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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

CONSUMER HAS HAD TO REPLAC FRONT WHEEL BEARING AGAIN. HE JUST REPLACED THEM 3 WKS. AGO. ALSO, MECHANIC STATED THAT BEARINGS WERE TOO SMALL FOR TRUCK, AND AS A RESULT THEY WERE WEARING OUT FASTER.*AK

CONTINUE ON A SEPARATE SHEET

Form Approved: O.M.B. No. 2127-0008

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

RECEIVED
02 MAR 26 AM 10:12
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 120

Date Received: 19-MAR-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 8005942

OWNER INFORMATION (Type or Print)

[redacted] 744268

Work Number

Home Nur [redacted]

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Signature of Owner _____ Date ___/___/___

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☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

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No of Failures

Date(s) of Failure(s) 20-FEB-2002
Mileage at Failure(s) 90000
Vehicle Speed at Failure(s)_____

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ Yes ☐ No

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Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
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CONTINUE ON BACK IF NEEDED