



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** 1362

Date Received

22-MAR-2002

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

Reference No.

8006250

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		
1B4HS28Z3WF191122	DODGE TRUCK	DURANGO	1998			
Purchase Date <input type="checkbox"/> New <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

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

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**IN A HEAD-ON COLLISION WHILE DRIVING AT 40 MPH AND WITHOUT WARNING SEAT BELT DID NOT RESTRAIN DRIVER FROM MOVING FORWARD, RESULTING IN HEAD 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.

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.

CONTINUE ON BACK IF NEEDED

**IN A HEAD-ON COLLISION WHILE DRIVING AT 40 MPH AND WITHOUT WARNING SEAT BELT DID NOT RESTRAIN DRIVER FROM MOVING FORWARD, RESULTING IN HEAD INJURIES. \*AK**

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	1	Number of Fatalities	0	Estimated Property Damage	5000 +	reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

**APPLICATION INCIDENT INFORMATION**

No of Failures	Date(s) of Failure(s) Feb 14th, 2002	Mileage at Failure(s) 410,000	Vehicle Speed at Failure(s) 35 mph	Failed Part(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component	12130000	Part Name(s)	INTERIOR SYSTEMS-PASSIVE RESTRAINT BELTS	Location	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right	Failed Parts	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Diverside Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passenger Airbag	Drive Train	<input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Front <input type="checkbox"/> Rear
Vehicle Type	<input checked="" type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door	Body Style	<input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Engine S2	380	Engine Cylinders	No Cylinders <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio

Dealer's Name	Fresno Dodge	City	Fresno	State	CA	zip code	93701
Purchase Date	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine S2	380	Engine Cylinders	No Cylinders <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		

Vehicle Ident. No. (VIN)	1B4HS28Z3WF191122	Vehicle Make	DODGE TRUCK	Vehicle Model	DURANGO	Vehicle Year	1998	Current Odometer Reading	47,000 +
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**VEHICLE INFORMATION**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of a signature of owner, please provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted]

Date: 5/14/02

Home Number	[Redacted]	Work Number	[Redacted]		
City	FRESNO	State	CA	Zip	93727

OWNER INFORMATION (Type or Print)	744998
U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT	DEFECT INVESTIGATION
DATE RECEIVED	22-MAR-2002
OFFICE	8006250
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