



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 241**

Date Received

12-APR-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8007494

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |  |
| 2B7H82141NK149035  | DODGE TRUCK   | RAM 2500  | 1994  |  |   |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>12240000 | Part Name(s)<br>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS                                  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 11-AUG-2001<br>Mileage at Failure(s) 95000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

**BOTH SEAT BELTS WILL NOT PULL FROM THE RETRACTORS PROPERLY. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

CONTINUED ON REVERSE

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<br>National Highway Traffic Safety Administration  |   | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE-1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |  | FOR AGENCY USE ONLY 241  |   |  |
|--|---|---|--|--|---|--|
| OWNER INFORMATION (Type or Print)  |   | 748078  |  | Date Received<br>APR 16 11:11 AM 2002  | Od_or _____<br>r_dt _____<br>od_n _____<br>up_lr _____  |  |
|  |   |   |  | Reference No.<br>8007494   |   |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   | Signature of Owner _____  |  | Date _____   |   |  |
| VEHICLE INFORMATION  |   |   |  |  |   |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>2B7H82141NK149035   |   | Vehicle Mak<br>DODGE TRUCK  | Vehicle Mode<br>RAM 2500   | Vehicle Year<br>1992<br><del>1994</del>  | Current Odometer Reading<br>95,500  |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                    |   | Engine Siz (CID/COIL)<br>318   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No       | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Drive/Trai<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION  |   |   |  |  |   |  |
| Component<br>12240000  | Part Name(s)<br>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS                              |   | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear |  | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement  |  |
| No of Failures   | Date(s) of Failure(s) 11-AUG-2001<br>Mileage at Failure(s) 85000<br>Vehicle Speed at Failure(s) |   | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| APPLICATION INCIDENT INFORMATION<br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)   |   |   |  |  |   |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     | Number of Persons Injured   | Number of Fatalities   | Estimated Property Damage  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |   |   |  |  |   |  |
| <p><b>BOTH SEAT BELTS WILL NOT PULL FROM THE RETRACTORS PROPERLY. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK</b></p> <p>DRIVER + PASSENGER</p> <p>THIS IS A RAM 250 CARGO VAN</p> |   |   |  |  |   |  |

CONTINUE ON BACK IF NEEDED

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