



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

15-APR-2002

Od_or

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od_rt

ip_lr

Reference No.

8007651

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 or door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3V7HF13Y11M573609	DODGE TRUCK	RAM	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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No
	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 024000000	Part Name(s) SUSPENSION:SINGLE AXLE:REAR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	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 DRIVING 65 MPH AND SLOWING DOWN WITHOUT WARNING WHOLE FRONT END WILL SHAKE VIOLENTLY, CAUSING LOSS OF CONTROL. DEALER SHIP AND MANUFACTURER HAVE BEEN NOTIFIED AND HAVE NO SOLUTION. *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.

 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 1362	
		Date Received <u>15-APR-2002</u> Office <u>DEFECTS INVESTIGATION</u> Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. <u>8007651</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print)			
		748528	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an answer, NHTSA will NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____ Date <u>4/24/02</u>		☒ YES ☐ NO	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>3V7HF13Y11M573609</u>		Vehicle Make <u>DODGE TRUCK</u>	Vehicle Model <u>RAM</u>
		Vehicle Year <u>2001</u>	Current Odometer Reading _____
Purchase Date _____ ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Anti-lock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____	Body Style ☐ Sport Ult ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02400000</u>	Part Name(s) <u>SUSPENSION: SINGLE AXLE: REAR 4 wheel</u>	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures _____	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____		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 _____	Number of Fatalities _____
		Estimated Property Damage _____	Reported to Police ☐ Yes ☐ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING 65 MPH AND SLOWING DOWN WITHOUT WARNING WHOLE FRONT END WILL SHAKE VIOLENTLY, CAUSING LOSS OF CONTROL. DEALER SHIP AND MANUFACTURER HAVE BEEN NOTIFIED AND HAVE NO SOLUTION. *AK <i>when I hit a rough spot in freeway roadway Dealership doesn't know whats wrong with the truck</i>			
CONTINUE ON BACK IF NEEDED			
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.			