



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 1368

Date Received

17-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007877

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		
2B6KV31Z2FA542417	DODGE TRUCK	RAM	1995			
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 checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02142000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL	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 1	Dates of Failure(s) 02-APR-2002 Mileage at Failure(s) 119000 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	--

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

CONSUMER STATES THAT WHILE DRIVING, UPPER BALL FRAME HAD CRACK AND CAUSE THE FRONT WHEEL TO FALL OFF. NLM

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline
1-888-327-4236
1-888-DASH-2-DOT

FOR AGENCY USE ONLY 1368

Date Received: 17-APR-2002
Office: OFFICE OF INVESTIGATION
Reference No.: 8007877

OWNER INFORMATION (Type or Print)

Alcoa
749038
Home Num: [Redacted]
Work Num: [Redacted]

Do you authorize NHTSA to contact you or the manufacturer of your vehicle?
 YES
 NO
 In the absence of a signature of owner, your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted]
 Date: 5/22/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 2B8K17Z12417
 Vehicle Make: DODGE TRUCK
 Vehicle Model: RAM Van
 Vehicle Year: 1995
 Current Odometer Reading: 120000 KM

Purchase Date: 4-15-02
 Dealer's Name: [Redacted]
 New Used
 City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Engine Size: 3.9L (CID/CCL) 8
 No Cylinders: 8
 Turbo: Diesel: Gas: Fuel Injectio:

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt 2-Point Belt Morset
 Brakes: Disc Drum
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Sport Util Truck Motorcycle
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Van

Component: 02142000
 Part Name(s): SUSPENSION-INDEPENDENT FRONT CONTROL ARM UPPER-BALL
 Location: Left Right Rear Front
 Original Replacement
 Failed Parts: [Redacted]

No of Failures: 1
 Date(s) of Failure(s): 02-APR-2002
 Mileage at Failure(s): 119000 KM
 Vehicle Speed at Failure(s): [Redacted]
 Failed Part(s): [Redacted]
 Yes No
 NHTSA Previous Y: 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.)
 Number of Persons Injured: [Redacted]
 Number of Failures: [Redacted]
 Estimated Property Damage: [Redacted]
 Reported to Police: Yes No

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

CONSUMER STATES THAT WHILE DRIVING UPPER BALL FRAME HAD CRACK AND CAUSE THE FRONT WHEEL TO FALL OFF. NLM
 Stopped threads in upper control arm & Ball joint

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.

**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)**

(Page 1 through Page 2)

