



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 758

Date Received

25-APR-2002

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

Reference No.

8008644

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   |   |  |
| 1B7G2LAX4Y5775169   | DODGE TRUCK   | DAKOTA   | 2000  |  |   |  |
| Purchase Date<br><input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input 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 checked="" 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>10220000 | Part Name(s)<br>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR  | 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-OCT-2000<br>Mileage at Failure(s) 34000<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 Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

**BOTH OUTSIDE MIRRORS CANNOT BE ADJUSTED AND ARE TOO LARGE. IT'S IMPOSSIBLE TO SEE AROUND THEM, DEALER STATED THEY WERE STANDARD EQUIPMENT, AND THERE WAS NOTHING THAT COULD BE DONE ABOUT IT.\*AK**

COPIED FROM NHTSA - APR 2002

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  |  | FOR AGENCY USE ONLY 75B   |  |  |
|--|--|---|--|--|
| <br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b>  | <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 |   | Date Received<br>25-APR-2002<br>OFFICE OF DEFECTS INVESTIGATION  | Od_or _____<br>rt_dt _____<br>od_rl _____<br>up_lr _____ |
|  |  |   | <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 750481  |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. |  | Work Number _____<br>Home Number _____  |  |  |
| Signature of Owner [Redacted]  |  | Date 5/7/02   |  |  |
| VEHICLE INFORMATION  |  |   |  |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>1B7G2LAX4Y5775169   | Vehicle Make<br>DODGE TRUCK  | Vehicle Model<br>DAKOTA   | Vehicle Year<br>2000   |  |
|  |  | Current Odometer Reading<br>35,000  |  |  |
| Purchase Date<br>10/10/00  | Dealer's Name Kutche<br>City Elwood State In Zip Code 46036  |   | Engine Siz (CID/CCL) _____<br>No Cylinders 6   |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used  |  |   | <input type="checkbox"/> Turbo Diesel<br><input checked="" type="checkbox"/> Gas 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"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Bel<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |
|  |  | Drive Train<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 type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                             |  |
|  |  | <input checked="" type="checkbox"/> Sport Util Truck<br><input type="checkbox"/> Motorcycle   | 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 |  |
| FAILED COMPONENT(S)/PART(S) INFORMATION  |  |   |  |  |
| Component<br>10220000  | Part Name(s)<br>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR   | Location<br><input checked="" type="checkbox"/> Left<br><input checked="" 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<br>6  | Date(s) of Failure(s) 11-OCT-2000<br>Mileage at Failure(s) 34000<br>Vehicle Speed at Failure(s) Stopped - blind spot     | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Number of Persons Injured<br>could have been 6  | Number of Fatalities<br>0  |  |
|  |  | Estimated Property Damage<br>0  | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |  |   |  |  |
| BOTH OUTSIDE MIRRORS CANNOT BE ADJUSTED AND ARE TOO LARGE. IT'S IMPOSSIBLE TO SEE AROUND THEM, DEALER STATED THEY WERE STANDARD EQUIPMENT, AND THERE WAS NOTHING THAT COULD BE DONE ABOUT IT.*AK<br><br>Can not see people crossing or standing on side blocked by mirrors!  |  |   |  |  |

CONTINUE ON BACK IF NEEDED

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