



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

15-MAY-2002

Ord. or
rt. dt
pd. rt
rp. tr

Reference No.

8009922

OWNER INFORMATION (Type or Print)

ROSEMARIE MITCHELL 754428
2014 SOUTH LAKEVIEW DR
PANAMA CITY BEACH FL 32413

Work Number

Home Number 850 233 8426

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7GL23X3RW116085	DODGE TRUCK	DAKOTA	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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
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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 759			
OWNER INFORMATION (Type or Print) [Redacted] [Redacted] 754428 PANAMA CITY BEACH FL [Redacted]		Date Reported: 15-MAY-2002 OFFICE DEFECTS INVESTIGATION Reference No. 8009922 Work Number [Redacted] Home Number [Redacted]			
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 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.					
Signature of Owner [Redacted]		Date 05/31/02			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B7GL23X3RW118085		Vehicle Make DODGE TRUCK	Vehicle Model DAKOTA	Vehicle Year 1994	Current Odometer Reading 94,216
Purchase Date 12-24-96	Dealer's Name Bay Lincoln Mercury Dodge		Engine Size (CID/CC/L) No Cylinders 6	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Panama City State FL zip code 32401		Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag
<input checked="" type="checkbox"/> Cruise Control	<input checked="" type="checkbox"/> Drive Train <input checked="" type="checkbox"/> Front Rear 4-Wheel	Vehicle Type <input type="checkbox"/> Car Van <input checked="" type="checkbox"/> Sport Ult 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 checked="" type="checkbox"/> Pick Up Truck		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No of Failures 1	Date(s) of Failure(s) 01-MAY-2002 4-26-02 Mileage at Failure(s) 1 93,780 (approx) Vehicle Speed at Failure(s) 5-8 mph		Failed Part(s) <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage \$963,36	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE MAKING A TURN AT 5 MPH DRIVER'S AIRBAG DEPLOYED. CONSUMER LOST HER VOICE FOR 2 WEEKS DUE TO INHALING FUMES WHEN AIRBAG DEPLOYED.*AK					

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(les)

I had just left The Panama City Bob Police Dept enroute to my duty station. I had traveled approximately 1/4 mile when I turned right onto Backbeach Rd from Hwy 79. As I completed the turn, the airbag exploded hitting me in the nose, chin, RT chest and RT hand, arm & left arm. I shut off the truck after turning into the gas station property, and exited the truck right away. A Bay County Sheriff's deputy Brimherston was stopped at the light across the street from me and ASAP he responded to where I had stopped the truck & it approximately the same time my partner, Officer Derby arrived on scene. My RT hand from the knuckle to wrist immediately swelled, turned black. My RT arm from wrist to elbow was red & lt arm was red. Within 5 hours, it could not speak above a whisper. Until this day my voice has not returned to normal. Chrysler repairman stated that the spring in the steering wheel was the cause of the airbag exploding.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590

2059040001 [Postal barcode]



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

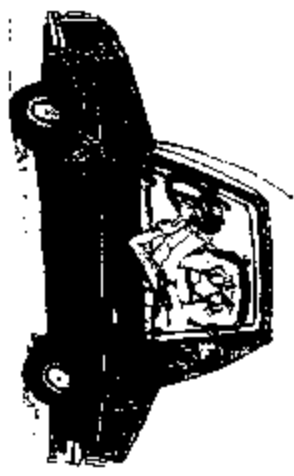
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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