



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 1039

Date Received

23-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010398

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 | | |
| 3B7HC13Y7VG781488 | DODGE TRUCK | RAM | 1997 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) 8 CYL | 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 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 10220000 | Part Name(s) VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR | 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) _____ Mileage at Failure(s) _____ 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 WHEN THE VEHICLE IS BEING DRIVEN IN EXTREMELY HIGH WIND, THE SIDE VIEW MIRRORS TURN INWARD FACING THE CAB OF THE VEHICLE, AND WILL NOT REMAIN IN THE SET POSITION. WHEN THIS PROBLEM OCCURS THE DRIVER CAN NOT DETERMINE THE DISTANCE OF ONCOMING TRAFFIC AND CAN NOT SAFELY CHANGE LANES. PLEASE GIVE ANY FURTHER DETAILS.*JB

COPIED FROM NHTSA - REF 101

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.

| | | | | | | | |
|--|---|---|--|--|---|---|--|
|  <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 1039</p> | | | |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted]</p> <p>OCEANSIDE CA</p> | | <p>DEFECT INVESTIGATION</p> <p>Date Received: 23-MAY-2002</p> <p>Office: [Redacted]</p> | | <p>Od or rt_dt _____ od_rt _____ up_ltr _____</p> <p>Reference No. 8010398</p> | | | |
| <p>Do you authorize the absence of Signature of [Redacted] to the vehicle manufacturer?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date: 6.15.02</p> | | <p>VEHICLE INFORMATION</p> | | | | | |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>3B7HC13Y7VG781488</p> | | <p>Vehicle Make</p> <p>DODGE TRUCK</p> | <p>Vehicle Model</p> <p>RAM</p> | <p>Vehicle Year</p> <p>1997</p> | <p>Current Odometer Reading</p> <p>57637</p> | | |
| <p>Purchase Date</p> <p>6/14/97</p> | <p>Dealers Name: Cherney Pontiac Corp DBA Ansonia Dodge</p> <p>City: Ansonia State: CT Zip Code: 06401</p> | | <p>Engine Siz (CID/GC/L) 8 CYL</p> <p>No Cylinders 8</p> | <p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio</p> | <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p> | | |
| <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> | <p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Bel</p> | | <p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Spor. Ult Truck <input type="checkbox"/> Motorcycle</p> | <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck</p> |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | | | |
| <p>Component</p> <p>102Z0000</p> | <p>Part Name(s)</p> <p>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR</p> <p>Both exterior side view</p> | | <p>Location</p> <p><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear</p> | | <p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p> | | |
| <p>No of Failures</p> <p>1</p> | <p>Date(s) of Failure(s) approx 6 months ago</p> <p>Mileage at Failure(s) approx 48,500</p> <p>Vehicle Speed at Failure(s) approx 40-45 mph</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| <p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p> | | | | | | | |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalities</p> | <p>Estimated Property Damage</p> | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>CONSUMER STATES THAT WHEN THE VEHICLE IS BEING DRIVEN IN EXCESSIVELY HIGH WIND THE SIDE VIEW MIRRORS TURN INWARD FACING THE CAB OF THE VEHICLE, AND WILL NOT REMAIN IN THE SET POSITION. WHEN THIS PROBLEM OCCURS THE DRIVER CAN NOT DETERMINE THE DISTANCE OF ONCOMING TRAFFIC AND CAN NOT SAFELY CHANGE LANES. PLEASE GIVE ANY FURTHER DETAILS. *JB Especially dangerous on multilane highways where speed limits 65, 70, 75. Cannot see to change lanes safely & keep track of traffic to the sides that may impact my safety.</p> <p style="text-align: right;"><i>doesn't need high winds just driving on highway</i></p> | | | | | | | |
| <p>CONTINUE ON BACK IF NEEDED</p> | | | | | | | |
| <p>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.</p> | | | | | | | |

**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)**

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