



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 936

Date Received

04-JUN-2002

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

Reference No.

8010985

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3B7HC13Y8VG771469	DODGE TRUCK	1500	1997			
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 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 <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 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A REAR END COLLISION IN WHICH DRIVER'S AIRBAG DEPLOYED, CAUSING DRIVER TO SUSTAIN SEVERE FACIAL BURNS. . CONSUMER WAS VERY CONCERNED ABOUT THE EXPLODING OF AIRBAG. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

CONFIDENTIAL - NHTSA

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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

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 335

Date Received: 04-JUN-2002  
Office: DEFECTS INVESTIGATION  
Od or: \_\_\_\_\_  
n\_dt: \_\_\_\_\_  
od\_rt: \_\_\_\_\_  
sp\_itr: \_\_\_\_\_

Reference No.

04010985

### OWNER INFORMATION (Type or Print)

[Redacted] 757123  
PENSACOLA FL

Work: [Redacted]  
Home: [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, this is your consent to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 6/17/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side): 3B7HC13Y8VG771489  
Veh. de. Mak: DODGE TRUCK  
Vehicle Mode: 1500  
Vehicle Year: 1997  
Current Odometer Reading: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Dealer's Name: \_\_\_\_\_  
 New  Used  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Engine Siz (CID/CCL): 150ccs  
No Cylinders: 8  
 Turbo Diesel Gas Fuel Injectio

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  Dr. verside Airbag  2-Point Bel  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Ult  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111200  
Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement

No. of Failures: \_\_\_\_\_  
Date(s) of Failure(s): 29-MAR-2002  
Mileage at Failure(s): 100000  
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: 1  
Number of Fatalities: \_\_\_\_\_  
Estimated Property Damage: \_\_\_\_\_  
Reported to Police:  Yes  No

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

CONSUMER WAS INVOLVED IN A REAR END COLLISION IN WHICH DRIVER'S AIRBAG DEPLOYED, CAUSING DRIVER TO SUSTAIN SEVERE FATAL BURNS. CONSUMER WAS VERY CONCERNED ABOUT THE EXPLODING OF AIRBAG. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

*arm*

CONTINUE ON BACK IF NEEDED

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

Man pulling trailer pulled across my lane  
hit trailer with R front bumper  
over \$7000 damage  
air bag busted + burnt both wrists  
one has healed completly the other is still  
tender can not wear watch on that  
arm

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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

20590+0001



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

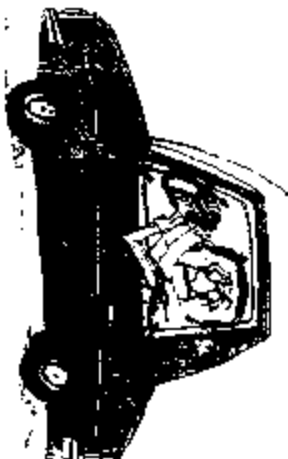
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

end dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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<http://www.nhtsa.dot.gov/online>