Form Approved: OMB No. 2127-0042

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 231 | |
|---|---|
| Date Received | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>np_ltr ____ ____ |
| 04-JUN-2002 | Reference No.<br>8011014 |

[redacted]

*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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| | DODGE TRUCK | RAM 1500 | 1999 | |

| Purchase Dat | | | | |
|---|---|---|---|---|
| ☐ New ☒ Used | Dealer's Name_____ City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L ____ No Cylinders ____ | ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio | |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☐ Automatic | ☐ Yes ☐ No | ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag | ☐ Yes ☐ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____ | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 12111000 | INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/ | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | Mileage at Failure(s _____<br>Vehicle Speed at Failure(s) _____ | ☐ Yes ☐ No | ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☒ Yes ☐ No | ☐ Yes ☐ No | | | | ☐ Yes ☐ No |

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

WHILE DRIVING 50 MPH REAR ENDED ANOTHER VEHICLE, AND AIR BAGS DID NOT DEPLOY. MANUFACTURER WILL BE CONTACTED. *AK

CONTINUED ON REVERSE

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 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.

Form Approved: O.M.B. No. 2127-0008

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** 231

Date Received: 04-JUN-2002

Old_dt / rt_dt / 6d_rt / up_ltr

Reference No. 8011014

## OWNER INFORMATION (Type or Print)

[redacted] 07

NORTH LITTLE ROCK AR 72117

Work Number [redacted]

Home Number

*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 [redacted] Date 6/17/02

## VEHICLE INFORMATION

| Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| | DODGE TRUCK | RAM 1500 | 1999 | |

Purchase Date

☐ New ☒ Used

Dealer's Name FLETCHER Dodge

City N.L.R. State AR Zip Code 72117

Engine Size (CID/CC/L) 360

No Cylinders 8

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☒ Automatic | ☒ Yes ☐ No | ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag | ☒ Yes ☐ No | ☒ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Ult ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck |

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 12111000 | INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA | ☐ Left ☐ Right ☒ Front ☐ Rear | ☒ Original ☐ Replacement |

| No of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| 1 | 50mphs | ☒ Yes ☐ No | ☐ Yes ☒ No |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the ncident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

| Crash | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☒ Yes ☐ No | ☐ Yes ☐ No | 1 | - | $12000.00+ | ☒ Yes ☐ No |

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

WHILE DRIVING 50 MPH REAR ENDED ANOTHER VEHICLE, AND AIR BAGS DID NOT DEPLOY. MANUFACTURER WILL BE CONTACTED. *AK

Was unable to get to talk to Manufacturer at 800# you furnished — never could get to a live person.

Never called back 9/27/02

CONTINUE ON BACK IF NEEDED