



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

05-JUN-2002

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

Reference No.

8011107

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		
3B7HC13Y4VG727789	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) _____ 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 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) 02-JUN-2002 Mileage at Failure(s) 48000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AFTER STARTING VEHICLE CONSUMER SHIFTED TO REVERSE SUDDENLY VEHICLE ACCELERATED AND ENGINE REVVED. CONSUMER APPLIED BRAKES, WHICH DID NOT STOP VEHICLE. AFTER ABOUT 100 FEET CONSUMER SHUTOFF ENGINE, AND PASSENGER SHIFTED TO PARK. PLEASE GIVE ANY FURTHER DETAILS.*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 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 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: 02 JUN 22 2002 05-JUN-2002 OFFICE DEFECTS INVESTIGATION	Od_or _____ rt_dt _____ ad_rt _____ up_itr _____ Reference No. 8011107
[Redacted] 757383 MURFREESBORO TN [Redacted]		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 06/16/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 3B7HC13Y4VG727789	Vehicle Make DODGE TRUCK	Vehicle Model RAM 307	Vehicle Year 1997
Current Odometer Reading 48000		Purchase Date March 30, 98	
Dealer's Name Big 3 Motors		Engine Size (CID/CC/L) _____	
City Jernon		State al	
Zip Code 35592		No. Cylinders 8	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 02-JUN-2002 Mileage at Failure(s) 48000 Vehicle Speed at Failure(s) setting still 1st time 2nd time pulling forward and turning right		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)			
1st Crash Time No <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured None yet	Number of Fatalities None yet
2nd Time yes			Estimated Property Damage Truck \$15000 House 8,031.60 fountain 7611
Reported to Police 1st Time No 2nd Time yes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
1st AFTER STARTING VEHICLE CONSUMER SHIFTED TO REVERSE SUDDENLY VEHICLE ACCELERATED AND ENGINE REVVED. CONSUMER APPLIED BRAKES, WHICH DID NOT STOP VEHICLE. AFTER ABOUT 100 FEET CONSUMER SHUTOFF ENGINE, AND PASSENGER SHIFTED TO PARK. PLEASE GIVE ANY FURTHER DETAILS. AK I never touched the foot feed. It accelerated when I put the truck in reverse. spinning tires about 30' on blacktop then about 40' in grass. Then another 25 to 30' before I got it stopped. (over)			
2nd the vehicle stopped by cutting off switch key.			
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