



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 151

Date Received

10-JUN-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8011406

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) (Location at bottom of windshield and driver's side)		Vehicle Make DODGE TRUCK	Vehicle Model RAM	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07310000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:INDICATOR:LEVER:C	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STARTED VEHICLE AND PUT VEHICLE IN GEAR AND THERE WAS NO RESISTANCE. GEARS WERE ABLE TO SLIDE UP AND DOWN INTO ANY GEAR. DRIVER HAD TO GO INTO HOOD OF VEHICLE AND MANUALLY PUT VEHICLE INTO GEAR TO DRIVE HOME. DEALER HAS VEHICLE.*AK

CONTINUE 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.



U.S. Department
of Transportation
National Highway
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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 151

Date Received

10 JUN 2002

OFFICE

DEFECTS INVESTIGATION

od pr

rt dt

od rt

up ltr

Reference No.

8011406

OWNER INFORMATION (Type or Print)

758177

ASHEBORO

NC

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 6/18/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): (Located at bottom of windshield on driver's side)

3B7KE236A1G205714

Vehicle Make

DODGE TRUCK

Vehicle Model

RAM

Vehicle Year

2001

Current Odometer Reading

34766

Purchase Date

July 2000

Dealer's Name

Engine Size

(CID/CC/L) 360

No Cylinders 6

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☒ Used

City

State

Zip Code

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☒ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☐ Front☐ Rear☒ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other

Sport Utility

☒ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

07310000

Part Name(s)

POWER TRAIN: TRANSMISSION: AUTOMATIC: INDICATOR: LEVER: G

Location

☒ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

1

Date(s) of Failure(s) 6-8-02

Mileage at Failure(s) 34,235

Vehicle Speed at Failure(s) 0

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

0

Number of Fatalities

0

Estimated Property Damage

0

Reported to Police

☐ Yes☒ No

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

CONSUMER STARTED VEHICLE AND PUT VEHICLE IN GEAR AND THERE WAS NO RESISTANCE. GEARS WERE ABLE TO SLIDE UP AND DOWN INTO ANY GEAR. DRIVER HAD TO GO INTO HOOD OF VEHICLE AND MANUALLY PUT VEHICLE INTO GEAR TO DRIVE HOME. DEALER HAS VEHICLE. *AK

CONTINUE ON BACK IF NEEDED

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