



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 1367

Date Received

26-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
ip_lr _____

Reference No.

8012729

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 door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HF1623YS511960	DODGE TRUCK	RAM	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 21-JUN-2002 Mileage at Failure(s) 56000 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)

WHILE DRIVING AT 50MPH VEHICLE WAS INVOLVED IN REAR END COLLISON AND NONE OF AIR BAGS DEPLOYED.*AK

COPIES OF THIS FORM ARE:

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 TransportationNational 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 1367

Date Received

02 JUL 02 01 20

26-JUN-2002

OFFICE

DEFECTS INVESTIGATION

ri_dt

ri_dt

od_r

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up_tr

Reference No.

8012729

OWNER INFORMATION (Type or Print)

751170

CHANDLER

IN

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 authorized representative, provide your name and address to the vehicle manufacturer.☒ YES☐ NO

Signature of Owner

Date 7/8/02

VEHICLE INFORMATION

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

1B7HF1623YS511960

Vehicle Make

DODGE TRUCK

Vehicle Model

RAM

Vehicle Year

2000

Current Odometer Reading

5666

Purchase Date

8-17-2001

Dealer's Name Audubon Chrysler Center

City Henderson State KY Zip Code 42420

Engine Size
(CID/CC/L)

No Cylinders 8

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

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 Utl
☒ Truck
☐ Motorcycle

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location

☐ Left
☒ Front
☐ Right
☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 21-JUN-2002

Mileage at Failure(s) 58000

Vehicle Speed at Failure(s) 50

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

Estimated Property Damage

2071.78

Reported to Police

☒ Yes
☐ No

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

WHILE DRIVING AT 50MPH VEHICLE WAS INVOLVED IN REAR END COLLISION AND NONE OF AIR BAGS DEPLOYED. *AK

CONTINUE ON BACK IF NEEDED

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