

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

335

Date Received

11-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

865223

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7KC26C3TJ153788	DODGE TRUCK	PICKUP	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08530000 08130000	Part Name(s) ELECTRICAL SYSTEM:IGNITION;WIRING;PRIMARY AND SECONDARY FUEL:FUEL LINES FITTINGS AND PUMP	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
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No. of Failures	Date(s) of Failure(s) 01-JUL-2000 Mileage at Failure(s) 107000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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 checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ON TWO SEPARATE OCCASIONS EXPERIENCED AN ENGINE COMPARTMENT FIRE. WHEN TURNING OFF VEHICLE AND REMOVING KEY FROM IGNITION, CAR WAS STILL RUNNING. TOOK VEHICLE TO DEALER, AND THEY REPLACED THE FUEL SHUT OFF RELAY & WIRE. ONE WEEK LATER, FIRE OCCURRED AGAIN. CONSUMER FELT THIS HAD SOMETHING TO DO WITH IGNITION.*AK

CONTINUE ON BACK IF NEEDED

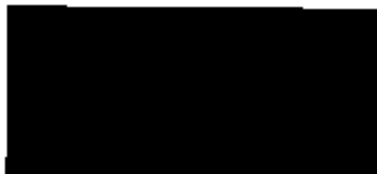
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335 Date Recalled <u>11-JUL-2000</u> <u>00 AUG -7 AM 8:11</u> OFFICE: <u>DEFECTS INVESTIGATION</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 619912</p>		<p>Reference No. 865223</p>		<p>Work Number Home Number [REDACTED]</p>	
<p>Do you authorize NHTSA to provide a copy of your response to the manufacturer of your vehicle? In the absence of an address, please provide the name and address to the vehicle manufacturer.</p> <p>Signature of Owner [REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>7/27/00</u></p>					
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1B7KC25C3TJ153788</p>		<p>Vehicle Make DODGE TRUCK</p>	<p>Vehicle Model PICKUP</p>	<p>Vehicle Year 1996</p>	<p>Current Odometer Reading 108K</p>
<p>Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____ No Cylinders <u>8</u></p> <p><input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>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 type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>		<p>Body Style <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>		<p><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 _____</p>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 08530000 06130000</p>	<p>Part Name(s) ELECTRICAL SYSTEM:IGNITION:WIRING:PRIMARY AND SECONDARY FUEL:FUEL LINES FITTINGS AND PUMP</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>01-JUL-2000</u> Mileage at Failure(s) <u>107000</u> Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damage <u>\$3,200⁰⁰</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>ON TWO SEPARATE OCCASIONS EXPERIENCED AN ENGINE COMPARTMENT FIRE. WHEN TURNING OFF VEHICLE AND REMOVING KEY FROM IGNITION, CAR WAS STILL RUNNING. TOOK VEHICLE TO DEALER, AND THEY REPLACED THE FUEL SHUT OFF RELAY & WIRE. ONE WEEK LATER, FIRE OCCURRED AGAIN. CONSUMER FELT THIS HAD SOMETHING TO DO WITH IGNITION.*AK</p>					
CONTINUE ON BACK IF NEEDED					
<p>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.</p>					

DAIMLERCHRYSLER

DaimlerChrysler
Motors Corporation

July 18, 2000



Re: File No.: 7413845
Vehicle No.: 1B7KC26C3TJ153788

Dear Mr. 

This letter will further acknowledge your contact to DaimlerChrysler Corporation regarding your 1996 Ram 2500 pickup.

Naturally, we were sorry to learn of the fire involving your vehicle. However, we have had the opportunity to review the inspection report and I must inform you that I am unable to associate these fires with any manufacturing or assembly responsibility. Our inspection revealed that the fire was a result of an electrical short and defective starter. None of these fires were related to Recall 720 nor 875.

Based on this information, we can only suggest that you refer this matter to your insurance carrier. Should they feel a manufacturing responsibility exists, they have full subrogation rights under the terms of your policy.

Thank you for allowing us the opportunity to review this matter with you.

Sincerely,



M. R. Porterfield
Special Investigations
(248) 944-7134

MRP/lg

July 27, 2000



July 27, 2000

M.R. Porterfield
Special Investigations
DaimlerChrysler Motors Corp
PO Box 21-8004
Auburn Hills, MI 48321-8004

RE: File No.: 7413845
Veh. No.: 1B7KC26C3TJ153788

Dear Mr/Ms Porterfield,

Thank you for the prompt disposition on your investigation into the two fires in the 1996 Dodge Ram 2500 pickup.

Unfortunately, the results of your investigation are unsatisfactory to me. Neither you nor the Dealership mechanics that worked on the vehicle could explain how a defective starter could make an engine continue to run with the ignition off and key removed. Nor can anyone explain why the new starter also "shorted out" the first time the Amador Motors mechanic tried to start the truck immediately after the first replacement. Furthermore, electrical problems such as "shorts" are supposed to blow fuses, not start fires. Clearly there is some manufacturing defect here, whether related to outstanding Recalls or not.

It will be unfortunate if the problem(s) go unacknowledged until someone is run over by a Dodge Ram pickup whose engine cannot be stopped, or there is a death in the resulting fire. In any case, as a result of your conclusion I have completed an NHTSA incident report, copy enclosed.

Sincerely,



cc: State Farm
NHTSA
file

*Our mission at Signal Service is to provide quality sound and security services
to businesses and homes in a friendly, professional manner.*



40 7/30/00 1B7K02603T015B78B1D83725B0677 96 RAM2500

DATE: 7/30/00
 VEHICLE IDENTIFICATION NO: 1B7K02603T015B78B1D83725B0677
 LICENSE NO: 96 RAM2500

TERMS: STRICTLY CASH OR APPROVED CREDIT CARD
 ORIGINAL ESTIMATE # 1723
 DATE 7/27/00 BY [Signature] AMADOR MOTORS, INC.

NAME: SIGNAL SERVICE
 ADDRESS: BOX 597
 ANGELS CAMP, CA. 95222

DATE	TIME	BY	AMOUNT
7/27/00	11:30	[Signature]	150.00
7/27/00	12:00	[Signature]	50.00
TOTAL			200.00

A REPLACE ~~Brake~~ Brake Reservoir

B JUST STARTS ENG. WOULD NOT START OFF LEFT IDLEING (same back found wiring on fire/WAS REPAIRED FOR SAME CONDITION LAST WEEK -

C REPLACE FUEL GAUGE INOP -

REPLACE FUEL SENDER

REPLACE SWIRL SPORED REGRATE BITE SWIRLED

NO.	DESCRIPTION	QTY	UNIT	AMOUNT	SALE	REV
1	WASHER FLUID	1	QT	1.50	509.00	-
2	WAX	1	QT	5.00	118.61	-
3	WAX	1	QT	5.58	-	-
4	WAX	1	QT	5.90	-	-
5	WAX	1	QT	5.56	-	-
6	WAX	1	QT	344.02	-	-
7	WAX	1	QT	215.00	-	-
8	WAX	1	QT	110.00	-	-
9	WAX	1	QT	117.00	1703.77	+

AMADOR MOTORS, INC., SUTTER CREEK, CA 95955-0278

AMADOR MOTORS, INC.
 23 MAIN ST., P.O. BOX 278
 SUTTER CREEK, CA 95885-0278
 (209) 857-5277
 (209) 857-5214

AMADOR COUNTY

WE RECOMMEND THE FOLLOWING REPAIRS

AMADOR MOTORS, INC. CHRYSLER Plymouth

THANK YOU