

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

156

Date Received

20-JUL-2000

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Reference No.

865747

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.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 3B7HC13XXVM534248  | DODGE TRUCK  | RAM           | 1997         |                          |

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

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

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

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>10220000 | Part Name(s)<br>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|---|

|                 |                                   |  |  |
|-----------------|-----------------------------------|--|--|
| No. of Failures | Date(s) of Failure(s) 20-JAN-2000 | Failed Part(s) Available?                                | NHTSA Previously Contacted?                              |
|                 | Mileage at Failure(s) 20          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 | Vehicle Speed at Failure(s)       |  |  |

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

|  |   |                           |                      |                           |   |
|--|---|---------------------------|----------------------|---------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

WHILE DRIVING AT HIGHWAY SPEEDS DRIVER'S AND PASSENGER'S MANUAL MIRRORS MOVES INWARD CONSTANTLY WHICH OBSTRUCTED THE REAR VIEW TO THE DRIVER . THIS MAY CAUSE A CRASH. PLEASE PROVIDE FURTHER INFORMATION.\*AK

CONTINUED 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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;"><b>NATIONWIDE 1-888-DASH-2-DOT</b><br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p><b>FOR AGENCY USE ONLY 156</b></p> <p>Date Received <u>20-JUL-2000</u></p> <p>00 AUG 11 AM 11:10<br/>OFFICE<br/>EFFECTS INVESTIGATION</p>           |
|  | <p>Od_or _____<br/>Adt _____<br/>00_it _____<br/>up_Er _____</p> <p>Reference No.<br/><b>865747</b></p> <p>Work Number _____<br/>Home Number _____</p> |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of a signature, provide your name and address to the vehicle manufacturer.  
 Signature of Owner: \_\_\_\_\_ Date 8/9/00

| VEHICLE INFORMATION  |   |   |  |   |   |
|--|---|---|--|---|---|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small><br><b>3B7HC13XXVM534248</b>   | Vehicle Make<br><b>DODGE TRUCK</b>  | Vehicle Model<br><b>RAM</b>   | Vehicle Year<br><b>1987</b>  | Current Odometer Reading<br><b>32,679</b>   |   |
| Purchase Date<br><u>Mar 97</u>   | Dealer's Name <u>CAL WORTHINGTON Dealer</u>   |   | Engine Size (CID/CO/L) <u>5.2</u>  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used  | City <u>CARLSBAD</u> State <u>CA</u> Zip Code <u>92009</u>                                | No Cylinders <u>V8</u>  |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
| Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |   |   |  |   |   |

| FAILED COMPONENT(S)/PART(S) INFORMATION |  |  |   |
|---|--|--|---|
| Component<br><b>10220090</b>            | Part Name(s)<br><b>VISUAL SYSTEMS:MIRRORS:REARVIEW:EXTERIOR</b>  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                          | Date(s) of Failure(s) <u>20-JAN-2000</u><br>Mileage at Failure(s) <u>20</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |

| APPLICATION INCIDENT INFORMATION  |   |                           |                      |                           |   |
|---|---|---------------------------|----------------------|---------------------------|---|
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small> |   |                           |                      |                           |   |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WHILE DRIVING AT HIGHWAY SPEEDS DRIVER'S AND PASSENGER'S MANUAL MIRRORS MOVES INWARD CONSTANTLY WHICH OBSTRUCTED THE REAR VIEW TO THE DRIVER . THIS MAY CAUSE A CRASH. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

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