


|   |  |  |                                    |
|---|--|--|------------------------------------|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p> | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p><b>FOR AGENCY USE ONLY</b> 758</p>                              |                                    |
|   | <p>Date Received</p> <p>29-DEC-2000</p>  | <p>Od_or _____<br/>rt_dt _____<br/>od_rt _____<br/>up_tr _____</p> | <p>Reference No.</p> <p>877185</p> |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>   |  | <p>Work Number</p>   | <p>Home Number</p>                 |
| <p>683639</p>   |  |  |                                    |

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) (Located at bottom of windshield on driver's side)      | Vehicle Make   | Vehicle Model   | Vehicle Year   | Current Odometer Reading  |  |  |
| 1B7KF26D3VJ592878  | DODGE TRUCK  | RAM   | 1997   |   |  |  |
| Purchase Date  | Dealer's Name  | Engine Size (CID/CC/L)  | <input type="checkbox"/> Turbo<br><input checked="" type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |  |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used            | City _____ State _____ Zip Code _____                                  | No. Cylinders _____   |  |   |  |  |
| Transmission Type  | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train   | Vehicle Type   | Body Style   |
| <input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passenger-side Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |

| FAILED COMPONENT(S)/PART(S) INFORMATION |   |  |  |
|---|---|--|--|
| Component                               | Part Name(s)  | Location   | Failed Part(s)   |
| 01300000<br>03250000                    | STEERING:POWER ASSIST<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM                                      | <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Original<br><input type="checkbox"/> Replacement    |
| No. of Failures                         | Date(s) of Failure(s) 22-DEC-2000<br>Mileage at Failure(s) 53000<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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  | Fire  | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |                      |                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

POWER STEERING AND BRAKES WENT OUT AT THE SAME TIME WHILE DRIVING, NO ACCIDENT. TRIED TO USE EMERGENCY BRAKE, DID NOT WORK EITHER. CONSUMER USED GEARS TO STOP VEHICLE. REPAIRED, DODGE WILL NOT REIMBURS BECAUSE REPAIR NOT DONE AT DODGE DEALER. \*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.

| DOT Auto Safety Hotline   |  | FOR AGENCY USE ONLY 758   |  |
|---|--|---|--|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline  |  |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 663639   |  | Date Received: JAN 22 2001 5:55 PM<br>29-DEC-2000<br>DEFENSE INVESTIGATION<br>Reference No. 877185<br>Work Number [Redacted]<br>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<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.  |  |   |  |
| Signature of Owner [Redacted]   |  | Date 1/21/01  |  |
| VEHICLE INFORMATION   |  |   |  |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br>1B7KF26D3VJ592878   | Vehicle Make<br>DODGE TRUCK  | Vehicle Model<br>RAM  | Vehicle Year<br>1997   |
| Purchase Date   |  | Current Odometer Reading<br>53,000  |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used<br>Dealer's Name _____<br>City _____ State _____ Zip Code _____   |  | Engine Size (CID/CC/L) _____<br>No. Cylinders 6<br><input type="checkbox"/> Turbo<br><input checked="" type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                    |  |
| Transmission Type<br><input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic   | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver's Side Airbag<br><input type="checkbox"/> Passenger's Side Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" 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 | <input type="checkbox"/> Sport Utility<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle  | 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>01300000<br>03250000   | Part Name(s)<br>STEERING:POWER ASSIST<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM   | 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) 22-DEC-2000<br>Mileage at Failure(s) 53000<br>Vehicle Speed at Failure(s) _____  | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | NHTSA Previously Contacted?<br><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<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)   |  |   |  |
| <p>POWER STEERING AND BRAKES WENT OUT AT THE SAME TIME WHILE DRIVING, NO ACCIDENT. TRIED TO USE EMERGENCY BRAKE, DID NOT WORK EITHER. CONSUMER USED GEARS TO STOP VEHICLE. REPAIRED, DODGE WILL NOT REIMBURSE BECAUSE [REDACTED] → [REDACTED] REPAIR WAS MADE WITHOUT NOTIFYING THE CHRYSLER REVIEW TEAM. I WAS NOT AWARE OF THIS RULE UNTIL AFTER REPAIRS WERE MADE BY A LOCAL DODGE DEALER. THE DEALER ALSO FAILED TO MENTION ANYTHING ABOUT A "REVIEW TEAM" BEFORE MAKING THE REPAIRS.</p>   |  |   |  |
| 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. |  |   |  |



DODGE · JEEP · TOYOTA  
 258-270 Pittsburgh Rd. (Rt. 8 South)  
 Butler, PA 16002  
 (724) 282-9399 · 1-800-217-8731

SERVICE ADVISOR RACHEL CHAPMAN

|                                |                       |             |   |                      |                                 |                       |                          |                      |
|--------------------------------|-----------------------|-------------|---|----------------------|---------------------------------|-----------------------|--------------------------|----------------------|
| REPAIR ORDER NUMBER<br>26DEC00 | DATE READY<br>27DEC00 | STOCK NO.   | VEHICLE IDENTIFICATION<br>1B7KF26D3VJ592878 | CUSTOMER NO.<br>1379 | YAG NO.                         | P.O. NO.              | ORDER PRINTED<br>27DEC00 | INVOICE NO.<br>12335 |
| TIME IN<br>09:05               | TIME READY<br>17:33   | YEAR<br>97  | MAKE & MODEL<br>DODGE RAM2500               | TELEPHONE NO.        | CUSTOMER PAY LABOR RATE<br>0.00 | ORDER DATE<br>01JAN97 | WEIGHT BY<br>4097        | SA.<br>4097          |
| MILEAGE IN<br>52866            | MILEAGE OUT<br>52868  | LICENSE NO. |   |                      |                                 |                       |                          |                      |

A NO BRAKES, POWER STEERING, AND EMERGENCY BRAKE  
 IO INFORMATION ONLY  
 4085 BUCHANAN, MATTHEW LIC#: 23805271  
 CDM 321.50 321.50  
 1 4883960AA PUMP-POWER STEERING 300.90 300.90  
 1 52009245 LEVER-PARKING BRAKE 73.80 73.80  
 CHECK POWER STEERING PUMP PRESSURE - BELOW SPECIFICATIONS REPLACE POWER STEERING PUMP AND RATIO KIT ASSEMBLY FOR EMERGENCY BRAKE  
 CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 6.00



**\*\* PRE-INVOICE \*\***

THANK YOU FOR SERVICING YOUR CAR  
 AT THE PRESTON AUTO GROUP  
 CALL FOR YOUR NEXT APPOINTMENT  
 (724) 282-9399  
 or  
 1-800-217-8731

SERVICE HOURS  
 MONDAY THRU FRIDAY  
 7:30 AM to 6:00 PM  
 SATURDAY  
 8:00 AM to NOON

COLLISION CENTER HOURS  
 MONDAY THRU FRIDAY  
 8:00 AM to 5:00 PM

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 321.50 |
| PARTS AMOUNT           | 374.70 |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 6.00   |
| TOTAL CHARGES          | 702.20 |
| LESS INSURANCE         | 0.00   |
| SALES TAX              | 42.13  |
| PLEASE PAY THIS AMOUNT | 744.33 |

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to remove the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.  
 X

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 \*\*\*\*\*THANK YOU FOR YOUR BUSINESS\*\*\*\*\*  
 \*\*\*\*\*  
 OUR PEOPLE MAKE THE DIFFERENCE!!!

