

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 284**

Date Received

02-JAN-2001

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

877248

Work Number

Home Number

**OWNER INFORMATION (Type or Print)**

663879

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)<br><b>1B7GL2AN71S112795</b> | Vehicle Make<br><b>DODGE TRUCK</b> | Vehicle Model<br><b>DAKOTA</b> | Vehicle Year<br><b>2001</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----------------------------|--------------------------|

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> Motorbelt<br><input type="checkbox"/> Drivers de Airbag<br><input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passenger-side Airbag | 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"/> Motorcycle<br><input type="checkbox"/> Other _____ | 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<br><input type="checkbox"/> Truck |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                   |                                                                                                                                                |                                                                                             |
|------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>08500000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM:IGNITION</b> | 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) _____<br>Mileage at Failure(s) <u>2</u> _____<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<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)**

INTERMITTENTLY VEHICLE WOULD STALL AND DIE WOTHOUT WARNING. DEALER INSPECTED VEHICLE SEVERAL TIMES, AND WAS NOT ABLE TO DUPLICATE OR CORRECT THE PROBLEM.\*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.

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## OWNER INFORMATION (Type or Print)

663879

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of your signature, address to the vehicle manufacturer.☒ YES☐ NO

Signature of Owner

Date 1/12/01

## VEHICLE INFORMATION

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

1B7GL2AN71S112795

Vehicle Make

DODGE TRUCK

Vehicle Model

DAKOTA

Vehicle Year

2001

Current Odometer Reading

2910

Purchase Date

9/4/00

Dealer's Name Hayward Dodge Hyundai

Engine Size  
(CID/CYL)

4.7

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

City Hayward State CA Zip Code

No Cylinders 8

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 Ut☒ Truck☐ Motorcycle

Body Style

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

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

Component

08500000

Part Name(s)

ELECTRICAL SYSTEM:IGNITION

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 12/10/00, 12/31/00

Mileage at Failure(s) 2900

Vehicle Speed at Failure(s) Idle to 65 mph

Failed Part(s)  
Available?☐ Yes ☐ NoNHTSA Previously  
Contacted?☐ 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 Damage

Reported to Police

☐ Yes ☒ No

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

INTERMITTENTLY VEHICLE WOULD STALL AND DIE WOTHOUT WARNING. DEALER INSPECTED  
VEHICLE SEVERAL TIMES, AND WAS NOT ABLE TO DUPLICATE OR CORRECT THE PROBLEM.\*AK

see reverse side.

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

When the odometer reached 2500 miles the "Service 4WD" light came on and stayed on. This vehicle is not equipped with 4WD. Dealer stated that Chrysler was releasing a p flash for this problem. Flash still has NOT been installed. After the indicator light (Service 4WD) came on vehicle began to stall at idle. Vehicle is currently at Hayward Dodge to see if they can repair it. Vehicle was towed by the dealer on 1/5/01.

★ U.S. G.P.O. 1992 - 623-897 / 62386

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

