
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p>			
<p>Date Received</p> <p>04-JAN-2001</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>		<p>Reference No.</p> <p>877386</p>			
<p>OWNER INFORMATION (Type or Print)</p>				<p>Work Number _____ Home Number _____</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>							
<p>Signature of Owner _____</p>				<p>Date ____/____/____</p>			
<p align="center">VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>3B7HF13ZXVG830005</p>		<p>Vehicle Mak</p> <p>DODGE TRUCK</p>	<p>Vehicle Mode</p> <p>RAM</p>	<p>Vehicle Year</p> <p>1997</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Siz (CID/CC/L) _____</p> <p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component:</p> <p>07380000</p>	<p>Part Name(s)</p> <p>POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND L</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures</p> <p>0</p>	<p>Date(s) of Failure(s) 03-JAN-2000</p> <p>Mileage at Failure(s) 51000</p> <p>Vehicle Speed at Failure(s) 0</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalitie</p> <p>0</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>							
<p>CONSUMER NOTICED A LEAK AROUND TRANSMISSION COOLING LINE THAT SPILLED INTO RADIATOR. THIS WAS SAME EXACT PROBLEM AS STATED IN MANUFACTURER'S RECALL 722 FOR TRANSMISSION COOLING LINE. *AK</p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<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>							

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<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>
<p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Sport Ult Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck</p>	<p><input type="checkbox"/> Truck</p>
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