



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 130

Date Received

29-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

879163

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
2BQHB21Y4BK554956	DODGE TRUCK	RAM	1997			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12441000 03250000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT BRAKES: HYDRAULIC: ANTI-SKID SYSTEM	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
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) 34000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" 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)

WHILE DRIVING AT APPROXIMATELY 45 MPH CONSUMER APPLIED BRAKE AND SKIDDED ABOUT 10 FEET, HIT ANOTHER VEHICLE HEAD-ON. UPON IMPACT, DUAL AIRBAGS DID NOT DEPLOY WHICH COULD HAVE CAUSED INJURIES. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-502. 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.



U.S. Department of Transportation
National 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 180	
Date Received <u>29-JAN-2001</u>	Od_or rt_dt oc_fr up_fr
OFFICE DEFECTS INVESTIGATION	Reference No. 879163
Work Number	
Home No. [REDACTED]	

OWNER INFORMATION (Type or Print)

[REDACTED] **670246**

NEWPORT NEWS VA

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 [REDACTED] Date 02/07/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2BGHB21Y4BK654966	Vehicle Make DODGE TRUCK	Vehicle Model RAM	Vehicle Year 1997	Current Odometer Reading 34,550
Purchase Date <u>10/25/97</u>	Dealer's Name <u>Kenyon Dodge</u>		Engine Size (CID/CC) <u>318 CF</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Cleves</u> State <u>FL</u> Zip Code <u>34572</u>	No Cylinders <u>8</u>		

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other: <u>VAN Conversion</u>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111800 03250000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT BRAKES: HYDRAULIC: ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) <u>1/24/01</u> Mileage at Failure(s) <u>34000</u> Vehicle Speed at Failure(s) <u>45-47 MPH</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damage 18,000	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT APPROXIMATELY 45 MPH CONSUMER APPLIED BRAKE AND SKIDDED ABOUT 10 FEET, HIT ANOTHER VEHICLE HEAD-ON. UPON IMPACT DUAL AIRBAGS DID NOT DEPLOY WHICH COULD HAVE CAUSED INJURIES. *AK *Driver*

Enclosed find copy of Chrysler Investigator as to why it did not go off - seems I was failing to slow at 45 MPH for BAGS to Deploy

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.

DAIMLERCHRYSLER

February 2, 2001

DaimlerChrysler
Motors Corporation

Reference No.: 8235238
V.I.N.: 2B6HB21Y4VK554956

Dear M [REDACTED]

This is in regard to the inspection that was performed on your vehicle on January 31, 2001, by a representative from Engineering Analysis Associates.

Naturally, we were sorry to learn of this incident and the costly damage that occurred to your vehicle. At your request, DaimlerChrysler Motors Corporation provided for an independent inspector to examine your vehicle. DaimlerChrysler Motors Corporation feels that the expense of this inspection is in the best interest of you, our customer, and the Corporation, in our efforts to properly evaluate serious concerns such as yours.

The inspection involved a thorough examination of your vehicle and the photographing of all critical areas. Also, a diagnostic scan tool was linked to the air bag computer module in order to determine whether or not any fault codes were present, which would have indicated a condition that would have prevented the air bag from deploying. Also, as you may know, any fault with the air bag system prior to the accident would have caused the air bag light to come on and stay on beyond its normal 7 to 9 second self-check following start-up.

All DaimlerChrysler Motors Corporation vehicles must exceed all Federal Motor Vehicle Safety Standards, as well as our own more stringent requirements. As such, the air bag system is thoroughly tested and evaluated for compliance by the National Highway Traffic and Safety Administration.

The conclusion of the DaimlerChrysler Motors Corporation investigation is that the primary impact involved "crumple" zones and "crush" areas, which are engineered into your vehicle to dissipate impact energies in order to enhance the total vehicle crash worthiness. Therefore, the rate of deceleration necessary to activate the air bag system was not met. Complete information regarding the air bag and air bag system may be found in your owner's manual.

Thank you for this opportunity to address your inquiry.

Sincerely,



A. L. Gilbert
Special Investigations
(248) 944-7037