



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 858

Date Received

07-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882305

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B7GL22X7VS44829	DODGE TRUCK	DAKOTA	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	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 Failure	Date(s) of Failure(s) 24-AUG-2000 16 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT BRAKE ROTORS HAVE TO BE REPLACED ABOUT EVERY 15000 MILES. *AK

COPIES OF THIS FORM ARE:

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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CONTINUE ON BACK IF NEEDED

FRONT BRAKE ROTORS HAVE TO BE REPLACED ABOUT EVERY 15000 MILES. *AK

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

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

APPLICATION INCIDENT INFORMATION

No of Failures Second now	Date(s) of Failure(s) 24-AUG-2000	Mileage at Failure(s) 16	Vehicle Speed at Failure(s) —	Failed Part(s) Available? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NHTSA Previously Contacted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location Front <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/>	Failed Part(s) Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>	Transmission Type Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Restraint System 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/>	Passenger Side Airbag <input checked="" type="checkbox"/>	Driver Side Airbag <input checked="" type="checkbox"/>	Motorized <input type="checkbox"/>	Drive Train Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Sport Utr <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date NOV 99	Dealers Name Jim McEWAT	City Denton	State TX	Zip Code —	Engine Size 3.9	CI/D/C/L —	No Cylinders 4	Fuel Injection Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/>
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Vehicle Ident. No. (VIN) 1B7GLZ2X7V544829	Vehicle Make DODGE TRUCK	Vehicle Model DAKOTA	Vehicle Year 2000	Current Odometer Reading 27,900
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VEHICLE INFORMATION

Signature of Owner
[Redacted]

Date
—

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
Yes No

In the absence of a signature, please provide your name and address to the vehicle manufacturer.
[Redacted]

Home Number [Redacted]	Work Number [Redacted]
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Reference No. 882305	Date Received 07-MAR-2001	FOR AGENCY USE ONLY 858
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OWNER INFORMATION (Type or Print)
678761

Vehicle Owner's Questionnaire (VOQ)
DOT Auto Safety Hotline
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4238
www.nhtsa.dot.gov/hotline
Administration
National Highway Traffic Safety Administration
U.S. Department of Transportation