



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 §20

Date Received

03-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884984

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) (Locate at bottom of windshield and door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN PLEASE	DODGE TRUCK	RAM	1998	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 30-MAR-2001 37000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 1	Number of Fatalities	Estimated Property Damage	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIR BAGS FAILED TO DEPLOY WHEN VEHICLE WAS INVOLVED IN AN ACCIDENT, TRAVELING AT APPROXIMATELY 35 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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 820	
 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received: 03-APR-2001 Od or rt_dt: _____ Mod rt up_tr: _____ Reference No. 884984 Work Number: _____ Home Number: _____	
OWNER INFORMATION (Type or Print)			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an owner's signature, the name and address to the vehicle manufacturer. Signature of Owner: _____ Date: 4/14/2001			
1B7-KF2362WV-229723 VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Location at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
FILL IN PLEASE	DODGE TRUCK	RAM Quad-Cab	1998
Current Odometer Reading	37,800		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☒ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection
8/1/1998	Topor Dodge	5.9L	
☒ New ☐ Used	City Chicopee State Ma Zip Code	No Cylinders	6
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes (4) ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No
Drive Train	Vehicle Type	Body Style	
☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Util ☒ Truck ☐ Motorcycle ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT + Passengerside	☒ Left ☒ Front	☒ Right ☐ Rear ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	30-MAR-2001 Mileage at Failure(s) 37000 Vehicle Speed at Failure(s) 35 MPH	☒ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities
☒ Yes ☐ No	☐ Yes ☒ No	1	
Estimated Property Damage		Reported to Police	
		☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AIR BAGS FAILED TO DEPLOY WHEN VEHICLE WAS INVOLVED IN AN ACCIDENT, TRAVELING AT APPROXIMATELY 35 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK Avoiding a head on collision with another vehicle said truck swerved to avoid other vehicle driving at high rate of speed in same lane. This vehicle subsequently grazed a utility pole guide wire and struck a →			
CONTINUE ON BACK IF NEEDED			
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

"FIRE IDENTIFICATION NO."

D O T

• MANUFACTURER/TIRE NAME

size

* The identification number consists of 7 to 10 digits and remains 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)

field stone wall (large) with front end of truck sustaining severe front end damage, also to drivers side roof (from guide wire) and passenger-side roof after trucks rear end lifted off ground after impact and turned $\sim 140^\circ$ semi rolling on passenger side window. Driver sustained large laceration to forehead after striking steering wheel with (-LOC) R cracked rib and right lung contusion and cervical ^{neck} contusions and abrasions. Pt. received ER room treatment @ Cooley Dickenson Hospital Northampton MA with subsequent tests for abdominal pain the following day @ same facility.

Schigram

☆ 118. 展期: 1007-423-557 / 67260

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

400 Seventh St., S.W.
Washington, D.C. 20560

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