



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 758

Date Received

18-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886253

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 or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HC16Y2WS542940	DODGE TRUCK	1500	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07463000	Part Name(s) POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 10-FEB-2001 51000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HEARD A HUMMING SOUND FROM REAR OF VEHICLE. DEALER FOUND REAR WHEEL BEARINGS WERE ALL CHEWED UP, MECHANIC STATED THEY WERE TOO TIGHT.*AK

COPIES OF REPORTS - REF - 1

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.

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

758

Date Received

16-APR-2001

Od_or
r_dlt
ad_r
up_ltr

Reference No.

886253

Work Num

Home Num

OWNER INFORMATION (Type or Print)

GREG

KING

686874

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 5/1/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)

(Located at bottom of
windshield on driver's side)

1B7HC16Y2WS542940

Vehicle Make

DODGE TRUCK

Vehicle Model

1500

Vehicle Year

1998

Current Odometer Reading

51,000

Purchase Date

Dealer's Name AXELROD CHRYSLER

Engine Size

(CID/CC/L) 316

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☐ Used

City WADSWORTH State OH Zip Code 44281

No Cylinders 6

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 Utility

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☐ 4-Door

☐ Stationwagon

☒ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
07463000

Part Name(s)

POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT

Location

☐ Left

☐ Front

☒ Right

☒ Rear

Failed Part(s)

☒ Original

☐ Replacement

No of Failures

Date(s) of Failure(s) 10-FEB-2001

Mileage at Failure(s) 51000

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☐ Yes ☒ No

NHTSA 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)

CONSUMER HEARD A HUMMING SOUND FROM REAR OF VEHICLE. DEALER FOUND REAR WHEEL BEARINGS WERE ALL CHEWED UP, MECHANIC STATED THEY WERE TOO TIGHT.*AK

CONTINUE ON BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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