



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 284

Date Received

09-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887779

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) (Location at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HC16XXWS640279	DODGE TRUCK	RAM	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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 26-APR-2001 22	Mileage at Failure(s) 30	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 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT ABOUT 30MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURY. *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.

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 284	
		Date Received <u>09-MAY-2001</u>	Od or _____ Rt dt _____ Qd rt? _____ Up ltr _____
OWNER INFORMATION (Type or Print)		Reference No. 887779	
[Redacted] 91154		Work Number [Redacted] Home Number [Redacted]	
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 <u>05/24/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side) 1B7HC16XXWS640279	Vehicle Make DODGE TRUCK	Vehicle Model RAM	Vehicle Year 1998
		Current Odometer Reading 24,425	
Purchase Date <u>June 1998</u> ☒ New ☐ Used	Dealer's Name <u>Carl Gregory Chrysler Plant, Inc.</u> City <u>Brunswick</u> State <u>Ga</u> Zip Code <u>31520</u>		Engine Size (CID/CC/L) _____ No. Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
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 Ult ☒ Truck ☐ Motorcycle	
Body Style ☐ 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: FRONTA		Location ☒ Left ☐ Right ☒ Front ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement		No of Failures 1	
Date(s) of Failure(s) <u>26-APR-2001</u> Mileage at Failure(s) <u>22</u> Vehicle Speed at Failure(s) <u>30</u>		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 1	Number of Fatalities 0
Estimated Property Damage 9,000		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT ABOUT 30MPH. UPON IMPACT, AIRBAGS DID NOT DEPLOY, RESULTING IN MINOR INJURY. *AK			
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.			