



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 125

Date Received

15-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888264

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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3B7KC23W6VM536919	DODGE TRUCK	RAM 2500	1997	

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 Belt ☐ 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 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING BETWEEN 40-45 MPH EXTREME VIBRATION OCCURS, CAUSING LOSS OF VEHICLE CONTROL. PLEASE GIVE ANY FURTHER DETAILS. *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.



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 125

Date Received

15-MAY-2001

Od_or
rt_dt
od_rt
up_tr

Reference No.

888264

OWNER INFORMATION (Type or Print)

691120

Work Number

Home Number

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

3B7KC23W6VM536919

Vehicle Make

DODGE TRUCK

Vehicle Model

RAM 2500

Vehicle Year

1997

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

C/D/CC/L

☐ Turbo

☐ Diesel

☒ Gas

☐ Fuel Injection

☐ New ☒ Used

City State Zip Code

No Cylinders 10

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 Utl

☒ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☐ 4-Door

☐ Stationwagon

☒ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
02000000

Part Name(s)
SUSPENSION

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☐ Original

☐ Replacement

No of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

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)

WHILE DRIVING BETWEEN 40-45 MPH EXTREME VIBRATION OCCURS, ~~CAUSING LOSS OF~~
~~VEHICLE CONTROL~~. PLEASE GIVE ANY FURTHER DETAILS. *AK

I have already responded to this once - check your
reference # 887762. Response was dated 5/21/01

CONTINUE ON BACK IF NEEDED

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