



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

04-JUN-2001

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

Reference No.

889621

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>(Locate at bottom of and/or driver's door sill)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1B7GG22Y3XS154807 | DODGE TRUCK | DAKOTA | 1999 | | | |
| 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 06400000 | Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL | 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) _____ 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 |
|--|---|---------------------------|----------------------|--------------------------|--|

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

INTERMITTENTLY WHEN DRIVING MOTOR WILL SPEED UP AND THEN COME BACK DOWN. DEALER HAS INSPECTED VEHICLE AND COULD NOT DUPLICATE THE PROBLEM. *AK

CONTINUED ON REVERSE

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

Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

Date Received 01 JUN 21 14:10:26
OFFICE 04 JUN 2001
DEFECT INVESTIGATION

Reference No. 889621

OWNER INFORMATION (Type or Print)

695386

Work Number
Home Number

YES NO

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized agent, you must provide your name and address to the vehicle manufacturer. Date 6/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1B7GG22Y3XS154807
Vehicle Make DODGE TRUCK
Vehicle Model DAKOTA
Vehicle Year 1999
Current Odometer Reading 33900

Purchase Date July 1999
Dealer's Name South Gate Dodge
City Madison State IL Zip Code 61808
Engine Size CID/COIL 318
Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual
Antilock Brakes Yes No
Restraint System 3-Point Belt 2-Point Belt
Motorbelt Driver's Side Airbag Passenger's Side Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Van Minivan Other Truck Motorcycle
Sport Utility Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

Component 06460000
Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL
Location Front Left Right Rear
Failed Part(s) Original Replacement
No of Failures
Date(s) of Failure(s) April, May, June
Mileage at Failure(s) 33
Vehicle Speed at Failure(s) 65 to 70 mph
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)
Number of Persons Injured
Number of Fatalities
Estimated Property Damage
Reported to Police
Crash Yes No
Fire Yes No

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

INTERMITTENTLY WHEN DRIVING MOTOR WILL SPEED UP AND THEN COME BACK DOWN. DEALER HAS INSPECTED VEHICLE AND COULD NOT DUPLICATE THE PROBLEM. AK

July 01 of that week they were able to fixed truck with a Throttle Positioning Sensor. It took to long for the Dealership to fix the problem. It took over a Month, that I would like to file a formal complaint. It is bad that I

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Have An Warranty and I got it fixed eventually, What if I didn't have warranty?