



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 231**

Date Received

27-JUN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

891487

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make <b>DODGE TRUCK</b>	Vehicle Model <b>DAKOTA</b>	Vehicle Year <b>1999</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" 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 02132000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE HAVING VEHICLE OUT SIDE OF DEALER SHIP TECHNICIAN STATED ALL FOUR BALL JOINTS NEEDED TO BE REPLACED . CONSUMER LET MANUFACTURER'S DEALER TO LOOK AT BALL JOINTS. TECHNICIAN STATED THAT BALL JOINTS NEEDED TO BE REPLACED AT CONSUMER'S EXPENSE. PLEASE PROVIDE FURTHER INFORMAIION.\*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.



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

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

OWNER INFORMATION (Type or Print)

699545

Work Number

891487

Reference No.

FOR AGENCY USE ONLY 231

Date Received

01 JUN 24 PM 12:12

Date

27 JUN 2001

Office

EFFECTS INVESTIGATION

up

od

at

Home Number

NO

YES

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

In the absence of an authorized representative, NHTSA will not provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/25/01

VEHICLE INFORMATION

Vehicle Identification No. (VIN) 1B7G62JX0X527418

Vehicle Make DODGE TRUCK

Vehicle Model DAKOTA

Vehicle Year 1999

Current Odometer Reading 51,278

Purchase Date

Dealer's Name MASSEY FORD

City Hagerstown state MD zip code

Transmission Type Automatic

Antilock Brakes Yes

Restraint System 3-Point Belt

Driver's Side Airbag 2-Point Belt

Passenger Side Airbag

Crash Control No

Drive Train Front

Vehicle Type Car

Body Style 2-Door

Engine Size (CID/CCL)

Engine Type Gas

Fuel Injection

Antilock Brakes

Restraint System

Driver's Side Airbag

Passenger Side Airbag

Crash Control

Drive Train

Vehicle Type

Body Style

Engine Size (CID/CCL)

Engine Type

Fuel Injection

Transmission Type

Antilock Brakes

Restraint System

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Passenger Side Airbag

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