



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 1038

Date Received

08-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893843

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B7GL22X8WS62097	DODGE TRUCK	DAKOTA	2000			
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 02835000	Part Name(s) WHEELS: MULTIPLE: LUGS: NUTS: BOLTS	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) 01-AUG-2001 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

LUGS: NUTS ARE DEFECTIVE. WHEN THE VEHICLE IS TAKEN FOR TIRE ROTATION NUTS HAVE TO BE REPLACED. PLEASE PROVIDE 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1038</p>
	<p>Date Received: <u>01 AUG 27 PM 11:00</u> 08-AUG-2001 OFFICE DEFECTS INVESTIGATION</p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od_or _____ rt_dt _____ od_lb _____ up_ltr _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 706411</p>	<p>Reference No. 893843</p>
<p>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.</p> <p>Signature of Owner: [Redacted] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date: <u>08/16/01</u></p>	<p>Work No: [Redacted] Home No: [Redacted]</p>

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7GL22X8WS62097	DODGE TRUCK	DAKOTA	2000	54001
Purchase Date: <u>Dec 1997</u>	Dealer's Name: <u>Dickinson Buick Oldy</u>		Engine Size (CID/CC/L): <u>3.8L</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>Fayetteville</u> State: <u>NC</u> Zip Code: <u>27803</u>	No. Cylinders: <u>6</u>	<input checked="" type="checkbox"/> Fuel Injectio	
Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Util Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>		Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 02835000	Part Name(s): WHEELS:MULTIPLE:LUGS:NUTS:BOLTS	Location: <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	Failed Part(s): <input checked="" type="checkbox"/> Original Replacement
No. of Failures: <u>10 out of 12</u>	Date(s) of Failure(s): <u>01-AUG-2001</u>	Mileage at Failure(s): <u>47,000</u>	Vehicle Speed at Failure(s): _____
Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously: <input type="checkbox"/> Yes <input checked="" 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

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

LUGS: NUTS ARE DEFECTIVE. WHEN THE VEHICLE IS TAKEN FOR TIRE ROTATION NUTS HAVE TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. AK, Not only the nuts but the bolts holding on the tires are breaking. 10 out of 12 tires have broken on the rear tires.