



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 252

Date Received

21-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894843

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 door frame)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B7HC16Y7WSSS6110		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
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Belt			☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000 09117000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT: AIR BAG LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Date(s) of Failure(s) 01-JUN-2001 71000 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AIRBAG LIGHT COMES ON AND OFF INTERMITTENTLY. DEALERSHIP WAS AWARE OF PROBLEM. WHEN HE TURNED LEFT SIGNAL LIGHT WINDSHIELD WIPERS CAME ON AND OFF.

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) U.S. Department of Transportation National Highway Traffic Safety Administration NAT-ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received <u>01 SEP 14 AM</u> <u>21-AUG-2001</u> OFFICE DEFECTS INVESTIGATION Od_or <u>_____</u> r_d <u>_____</u> r_d <u>_____</u> up_tr <u>_____</u> Reference No. <u>894843</u> Work Number <u>_____</u> Home No. <u>_____</u>	
OWNER INFORMATION (Type or Print) 709689			
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 <u>_____</u>		Date <u>9/11/2001</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1B7HC16Y7WSSS6110	Vehicle Make DODGE TRUCK	Vehicle Model RAM	Vehicle Year 1998
		Current Odometer Reading 71,000	
Purchase Date Nov 98 ☐ New ☒ Used	Dealer's Name <u>Me Gie Motors</u> City <u>Georgetown</u> State <u>DE</u> Zip Code <u>19947</u>		Engine Size (CID/CC/L) <u>8</u> No. Cylinders <u>8</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 ☐ Sport Ult ☐ Truck ☐ Motorcycle ☐ Van ☐ Mini van ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Station wagon ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12110000 08117000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG LIGHTING: SWITCH: MULTI-FUNCTION SWITCH: TURN SIGNAL	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 100	Date(s) of Failure(s) <u>01-JUN-2001</u> Mileage at Failure(s) <u>71000</u> Vehicle Speed at Failure(s) <u>0</u>		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 0	Number of Fatalities 0
		Estimated Property Damage 0	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AIRBAG LIGHT COMES ON AND OFF INTERMITTENTLY. DEALERSHIP WAS AWARE OF PROBLEM. WHEN HE TURNED LEFT SIGNAL LIGHT WINDSHIELD WIPERS CAME ON AND OFF. Defective clock spring Replaced at Dealer at my cost.			
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.			