



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 241**

Date Received

28-AUG-2001

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

Reference No.

895297

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1B7KF26C2RS722625                                                                                | DODGE TRUCK  | RAM 2500      | 1994         |                          |

|                                                                                            |                                                                                                                    |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                                              | Dealer's Name _____                                                                                                | Engine Size<br>(CID/CC/L _____)                                                                                                                                                                                                                                 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                           |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                      | City _____ State _____ Zip Code _____                                                                              | No Cylinders _____                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                          | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag          | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                               |
|                                                                                            | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |                                                                           |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06400000 | Part Name(s)<br>FUEL THROTTLE LINKAGES AND CONTROL                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) C1-FEB-2000<br>41000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

PE 00 048/LOSS OF THROTTLE CONTROL: THROTTLE STUCK OPEN WHILE CRUISE CONTROL WAS ENGAGED. DEALER WAS NOTIFIED, AND MADE REPAIRS. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

CONTINUE 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<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                       |                                                                                      | FOR AGENCY USE ONLY 241                                                                                                                                                                  |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Date Received                                                                                                                                                                                                                             |                                                                                      | Ed or                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | 01 OCT - 3 PM<br>24-AUG-2001                                                                                                                                                                                                              |                                                                                      | re ch<br>add on<br>up_ltr                                                                                                                                                                |                                                                                                                                                                                   |
| CLIFFORD JONES 711183<br>2496 MOUNTS ROAD<br>MORROW OH 45132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | OFFICE<br>DEFECTS INVESTIGATION                                                                                                                                                                                                           |                                                                                      | Reference No.<br>895297                                                                                                                                                                  |                                                                                                                                                                                   |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                       |                                                                                      | Date 9/27/01                                                                                                                                                                             |                                                                                                                                                                                   |
| Signature of Owner <i>Clifford J. Jones</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | Work Number<br>Hon Number 513/899-2815                                                                                                                                                                                                    |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| Vehicle Ident. No. (VIN) (8 located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Vehicle Year                                                                                                    | Vehicle Make                                                                                                                                                                                                                              | Vehicle Year                                                                         | Current Odometer Reading                                                                                                                                                                 |                                                                                                                                                                                   |
| 1B7KF26C2RS722625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DODGE TRUCK                                                                                                     | RAM 2500                                                                                                                                                                                                                                  | 1994                                                                                 | 61,526                                                                                                                                                                                   |                                                                                                                                                                                   |
| Purchase Date<br>10-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dealer's Name                                                                                                   | Engine Size (CID/CC/L)                                                                                                                                                                                                                    | 5.9                                                                                  | <input checked="" type="checkbox"/> Turbo<br><input checked="" type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                                                                                   |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State Zip Code                                                                                             | No Cylinders                                                                                                                                                                                                                              | 6                                                                                    |                                                                                                                                                                                          |                                                                                                                                                                                   |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Antilock Brakes                                                                                                 | Restraint System                                                                                                                                                                                                                          | Cruise Control                                                                       | Drive Train                                                                                                                                                                              | Vehicle Type                                                                                                                                                                      |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                          | <input checked="" type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No               | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                           | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      | <input type="checkbox"/> Sport Ut<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                    | Body Style                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| Component<br>06400000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Name(s)<br>FUEL THROTTLE LINKAGES AND CONTROL                                                              | Location                                                                                                                                                                                                                                  | Failed Part(s)                                                                       |                                                                                                                                                                                          |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | <input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                                        | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |                                                                                                                                                                                          |                                                                                                                                                                                   |
| No of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date(s) of Failure(s)<br>01-FEB-2000<br>Mileage at Failure(s)<br>41000<br>Vehicle Speed at Failure(s)<br>55 MPH | Failed Part(s)                                                                                                                                                                                                                            | NHTSA Previously                                                                     |                                                                                                                                                                                          |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fire                                                                                                            | Number of Persons Injured                                                                                                                                                                                                                 | Number of Fatalities                                                                 | Estimated Property Damage                                                                                                                                                                | Reported to Police                                                                                                                                                                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             |                                                                                                                                                                                                                                           |                                                                                      | 500.00                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| <p>PE 00 048/LOSS OF THROTTLE CONTROL: THROTTLE STUCK OPEN WHILE CRUISE CONTROL WAS ENGAGED. DEALER WAS NOTIFIED, AND MADE REPAIRS. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. I hit a metal road sign post &amp; put a dent in the truck bed above the L.R. wheel when I drove off the road to avoid a crash. (A large delivery truck had the road blocked while trying to back into a private drive.) I was approx 8 mi. from home when the throttle cable stuck. I cut the cable to release the throttle and used a piece of twine to operate the throttle with my arm out the drivers window to get home.</p> |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |
| The Privacy Act of 1974 (Public Law 93-57) 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.                                 |                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                                          |                                                                                                                                                                                   |

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I purchased a new throttle cable from a Dodge dealer and got my neighbor mechanic to install it for me. ~~After~~ Other wise I would've had to have the vehicle towed. I was quoted a tow fee of \$160.00.

I received a recall notice from DaimlerChrysler around 8-8-01. (notice attached) The notice indicated I would be reimbursed if I had previously paid for this repair. I sent Chrysler a copy of the invoice for the cable and a hand written receipt from my neighbor mechanic. Chrysler did pay for the part but ignored the receipt for labor.

I would like to have the labor paid & my dent repaired by Chrysler.

The stuck throttle cable really was a very dangerous situation. Any assistance will be greatly appreciated.

P.S. The Dodge dealer replaced the cable again on the recall. They said the cable had been up-dated from the replacement cable I had installed in Feb-2000

attachments

★ U.S.G.P.O.: 1992-623-887/6008

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

400 Seventh St., S.W.  
Washington, D.C. 20580

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

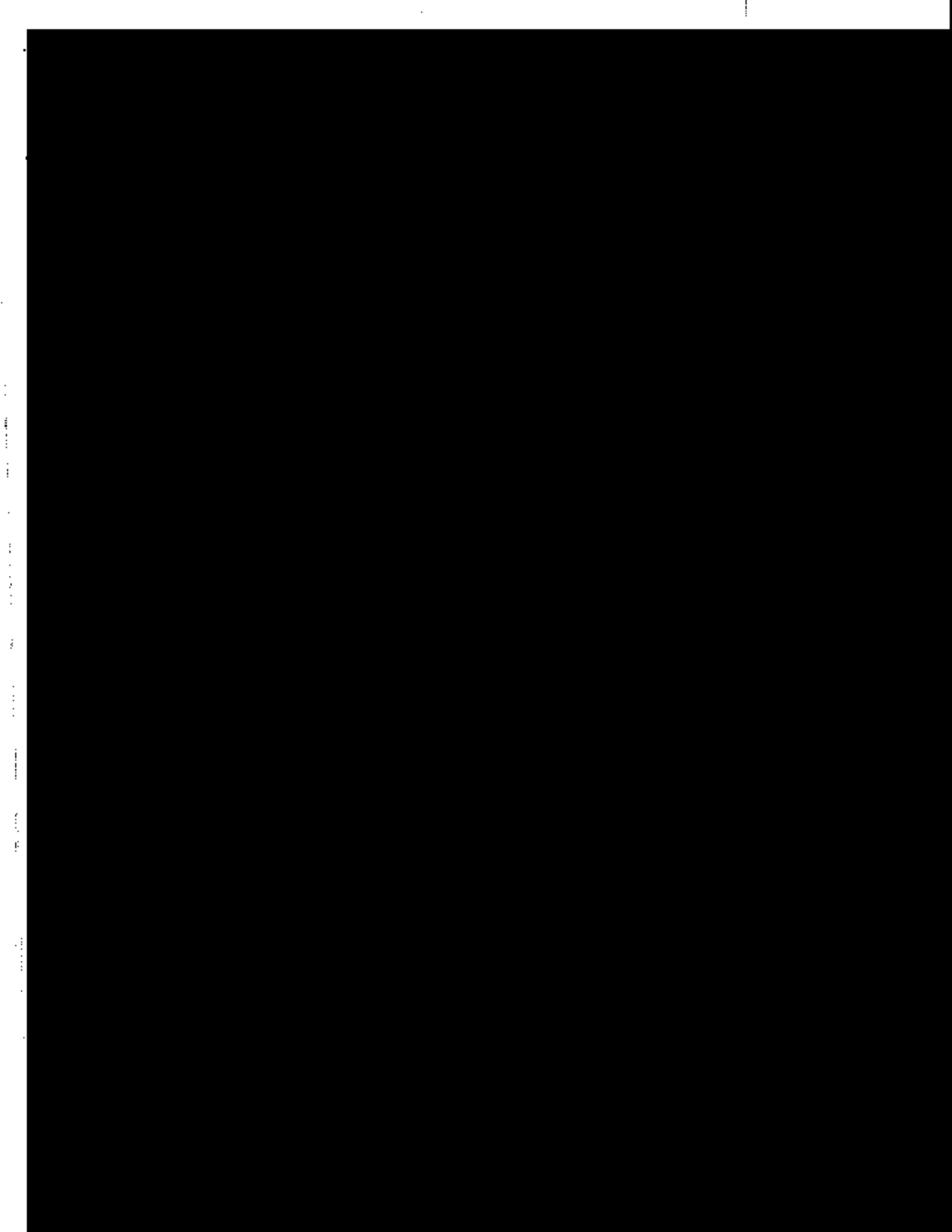
POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

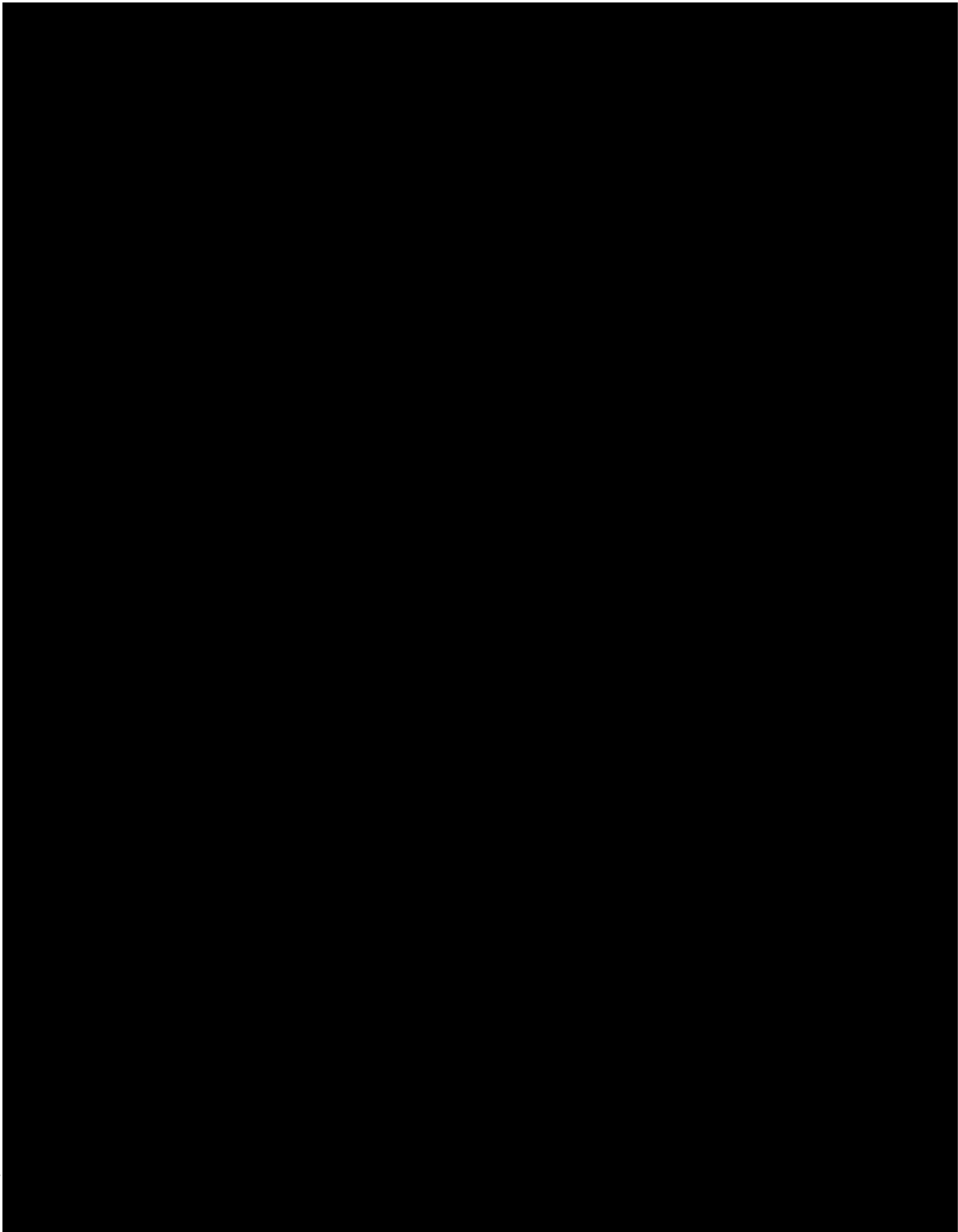
U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

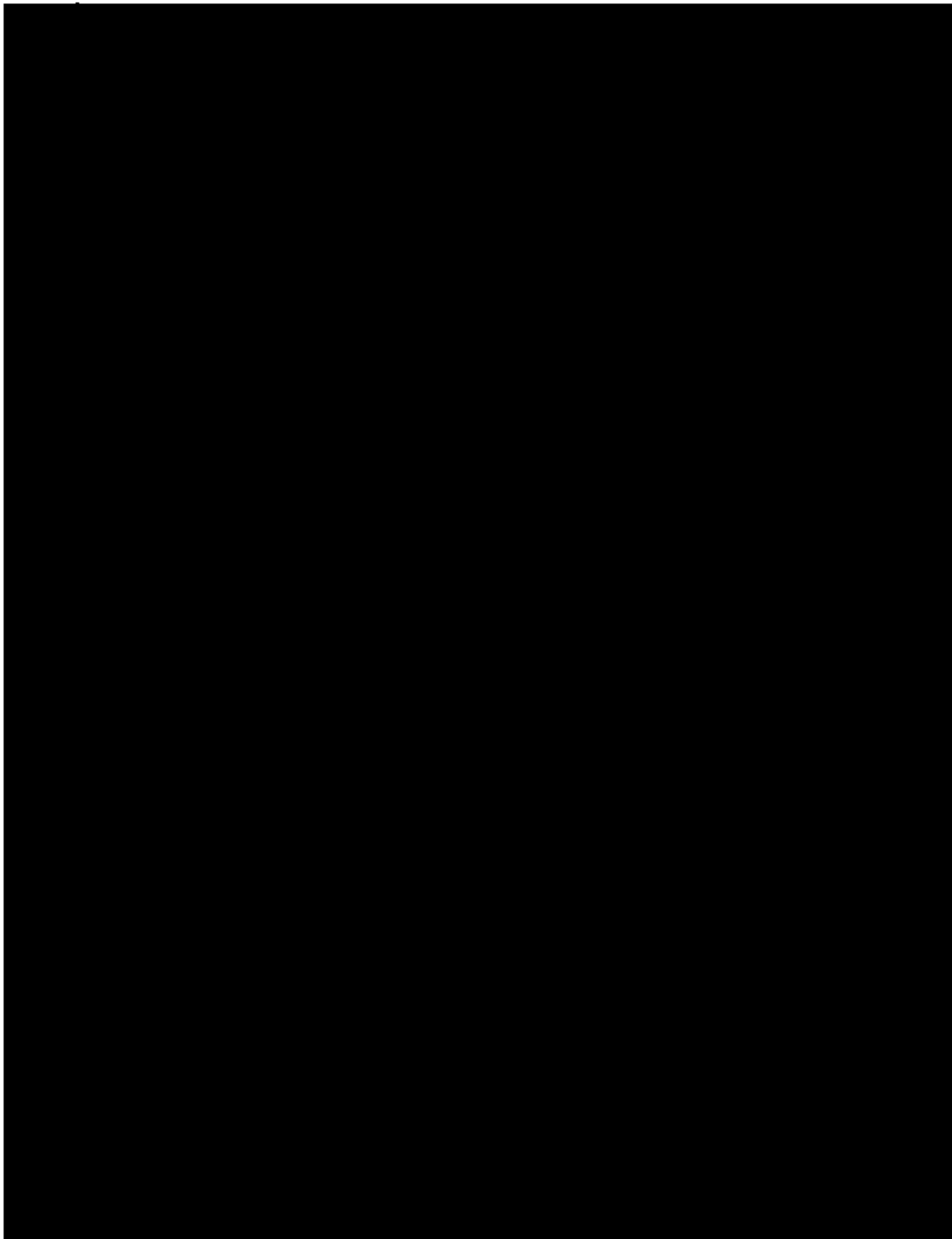
2033010002

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

**(Page 1 through Page 1)**









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