



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 1039

Date Received

30-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898513

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		
1B4HR28Y0YF155863	DODGE TRUCK	DURANGO	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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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	Dates of Failure(s) 30-OCT-2001 Mileage at Failure(s) 21 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 checked="" type="checkbox"/> Yes <input 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 DRIVING AT 20MPH ABS BRAKES LOCKED UP, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. VEHICLE HAD FRONTAL DAMAGE. CONTACTED DEALER, AND DEALER STATED THAT ABS BRAKES WERE NOT SUPPOSE TO LOCK UP, AND WOULD GET BACK IN TOUCH WITH CONSUMER.*AK

COPIED FROM NHTSA FORM 1039

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1039</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 723951</p>	<p>Date Received FEB 11 2001 OCT-2001</p>	<p>Od_or rt_dt od_rt up_ltr</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] Date 11/10/01</p>		<p>Work Number [Redacted]</p>	<p>Home Number [Redacted]</p>

<p>VEHICLE INFORMATION</p>				
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B4HR2BY0YF155863</p>	<p>Vehicle Make DODGE TRUCK</p>	<p>Vehicle Model DURANGO</p>	<p>Vehicle Year 2000</p>	<p>Current Odometer Reading</p>
<p>Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name Spencer's Dodge</p>	<p>City DB</p>	<p>State HI</p>	<p>Zip Code 32114</p>
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>	<p>Engine Size (CID/CC/L) No Cylinders 8</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>	<p>Sport Ult Truck Motorcycle</p>

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>				
<p>Component 03250000</p>	<p>Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</p>	<p>Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen</p>	<p>No of Failures 1</p>
<p>Date(s) of Failure(s) 30-OCT-2001</p>	<p>Mileage at Failure(s) 21</p>	<p>Vehicle Speed at Failure(s) 20</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 3 2+1</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage 3300 to my car 2 on other car</p>	<p>Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

WHILE DRIVING AT 20MPH ABS BRAKES LOCKED UP, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. VEHICLE HAD FRONTAL DAMAGE. CONTACTED DEALER, AND DEALER STATED THAT ABS BRAKES WERE NOT SUPPOSE TO LOCK UP, AND WOULD GET BACK IN TOUCH WITH CONSUMER. AK

Over

THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-502) 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.*

P235/75 R15XW4

D O T 03 D D 8 8 1 X 4 0 0

MANUFACTURER/TIRE NAME
MICHELIN

SIZE

X

*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)

Disc brakes were anti lock on rear not front.
 Repair shop that fixed car told me to have
 Speedway Dodge check them out and give
 me a written statement that the brakes were
 all check out and were fine. That they
 were not suppose to do this.
 Person I hit said my brakes locked up and I
 had a witness who also said my brakes locked.
 Everyone seemed to be alright after the accident
 I am on Disability for for 6 weeks and it did
 bother me for a while after the accident.

★ U.S. G.P.O.: 1969-605-087-0000

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400 Seventh St., S.W.
 Washington, D.C. 20590

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