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: 04-DEC-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 899810

[redacted]

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.)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2B4HB15Y92K110111	DODGE TRUCK	RAM WAGON	2002	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12361000	INTERIOR SYSTEMS:BENCH	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	01-DEC-2001		
	Mileage at Failure(s 109	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

THERE IS ONLY ONE LAP AND SHOULDER BELT ON EACH OF BENCH SEATS IN REAR OF VEHICLE. CONSUMER FEELS THIS IS UNSAFE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUED ON NEXT PAGE

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 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.

Form Approved. O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1038

Date Received: 02 FEB 25 PM 12:1 / 04-DEC-2001

Odi or rt_dt / ed_rt / up_ltr

Reference No. 899810

Work Number

Form Nu [redacted]

EFECT

OWNER INFORMATION (Type or Print)

[redacted] 728790

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 [redacted] Date 1/2/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2B4HB15Y92K110111	DODGE TRUCK	RAM WAGON	2002	

Purchase Date

☒ New ☐ Used

Dealer's Name

City State Zip Code

Engine Siz (CID/CC/L

No Cylinders

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Locat	Failed Part(s)
12361000	INTERIOR SYSTEMS:BENCH	☐ eft ☐ ront ☒ Right ☒ Rear	☒ Original ☐ Replacemen

No of Failures: NO BELT SHOULDER Back Passenger

Date(s) of Failure(s): 01-DEC-2001
Mileage at Failure(s): 109
Vehicle Speed at Failure(s):

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

THERE IS ONLY ONE LAP AND SHOULDER BELT ON EACH OF BENCH SEATS IN REAR OF VEHICLE. CONSUMER FEELS THIS IS UNSAFE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.* AS FOR 4 of the 6 passengers that may be sitting on bench seats

CONTINUE ON BACK IF NEEDED

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