

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



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

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393

DC METRO AREA (202) 366-0123

INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue  
or black ink pen only.

CORRECT MARK: ●

## FOR AGENCY USE ONLY

Date Received

2/1/01

Reference No.

Order

Model

Edition

APR

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                                                                                                   |                                                                                  |                                                                               |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | VEHICLE MAKE                                                                                                                                                                                                                                      | VEHICLE MODEL                                                                    | MANUFACTURE DATE                                                              | MODEL YEAR                                                                                                                                                                                                                                     |
| 2B7KB31Z0WK1Z1314                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | Dodge                                                                                                                                                                                                                                             | Ram 3500                                                                         |                                                                               | 1998                                                                                                                                                                                                                                           |
| VEHICLE MANUFACTURER                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                                                                                                                                                   |                                                                                  |                                                                               |                                                                                                                                                                                                                                                |
| <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> DaimlerChrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW |                                                                                      |                                                                                                                                                                                                                                                   |                                                                                  |                                                                               |                                                                                                                                                                                                                                                |
| PURCHASE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> New<br><input type="radio"/> Used                   | DEALER'S NAME                                                                                                                                                                                                                                     | CITY                                                                             | STATE                                                                         | ZIP CODE                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      | Greentield                                                                                                                                                                                                                                        | Lawrenceville                                                                    | GA                                                                            | 30048                                                                                                                                                                                                                                          |
| ENGINE SIZE<br>(CID/CC/L)                                                                                                                                                                                                                                                                                                                                                                                                                         | FUEL SYSTEM                                                                          | FUEL TYPE                                                                                                                                                                                                                                         | TRANSMISSION TYPE                                                                | ANTILOCK BRAKES                                                               | RESTRAINT SYSTEM                                                                                                                                                                                                                               |
| 360                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input checked="" type="checkbox"/> Fuel Injection | <input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas                                                                                                                                                                        | <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 3-Point Belt |
| NO. CYLINDERS                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                                                                                                                                                   |                                                                                  |                                                                               | CRUISE CONTROL                                                                                                                                                                                                                                 |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                                                                                                                                                                                                                                   |                                                                                  |                                                                               | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                         |
| DRIVETRAIN                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      | VEHICLE TYPE                                                                                                                                                                                                                                      |                                                                                  | DOORS                                                                         | BODY STYLE                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel<br><input checked="" type="checkbox"/> Rear                                                                                                                                                                                                                                                                                                                                       |                                                                                      | <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle |                                                                                  | <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door | <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan<br><input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon                                                                                              |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| COMPONENT<br><input type="checkbox"/> Child Seat<br><input type="checkbox"/> Electrical Lights & Alarms<br><input type="checkbox"/> Engine & Cooling System<br><input type="checkbox"/> Equipment<br><input type="checkbox"/> Fuel System, Exhaust<br><input type="checkbox"/> Heater, Defrost, Ventilation<br><input type="checkbox"/> Interior<br><input type="checkbox"/> Parking Brake<br><input type="checkbox"/> Power Train<br><input type="checkbox"/> Service Brakes<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Structure<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Visual Systems<br><input checked="" type="checkbox"/> Other | NO. OF FAILURES                                                                | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                              |                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INCIDENT DATE                                                                  | TIRE NAME                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3/20/00, 8/8/00, 2/5/00                                                        | COMPLETE TIRE SIZE                                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MILEAGE AT INCIDENT                                                            | TIRE BRAND                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 59158, 70236, 85000                                                            | <input type="checkbox"/> BF Goodrich<br><input type="checkbox"/> Cooper<br><input type="checkbox"/> Firestone<br><input type="checkbox"/> Goodyear<br><input type="checkbox"/> Kelly Springfield<br><input type="checkbox"/> Michelin<br><input type="checkbox"/> Yokohama<br><input type="checkbox"/> Other |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE SPEED AT INCIDENT                                                      |                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A                                                                            |                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAILED PART(S)                                                                 |                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="radio"/> Original<br><input type="radio"/> Replacement |                                                                                                                                                                                                                                                                                                              |  |
| HANDICAPPED ADAPTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FAILED PART(S) AVAILABLE?                                                      | NHTSA PREVIOUSLY CONTACTED?                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                          |  |

## APPLICABLE INCIDENT INFORMATION

|                                                                                                             |                                                             |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form. | CRASH                                                       | NUMBER OF PERSONS INJURED                                                                                                                                                                                                                                                     | CAUSE OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RESULT OF INCIDENT                                                                                                                                                                                                                                                                                    |
|                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |
|                                                                                                             | FIRE                                                        | NUMBER OF FATALITIES                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |
|                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input type="checkbox"/> Wear/Corrosion/Rust<br><input type="checkbox"/> Weak/Poor Fit/Loose<br><input type="checkbox"/> Cut/Torn<br><input type="checkbox"/> Disconnect/Fat Off<br><input type="checkbox"/> Erratic/Poor Performance<br><input type="checkbox"/> Excessive Effort<br><input type="checkbox"/> Noisy<br><input type="checkbox"/> Leaks<br><input type="checkbox"/> Short<br><input type="checkbox"/> Locks/Sticks/Grabs<br><input type="checkbox"/> Stability/Vibration<br><input type="checkbox"/> Brakes | <input type="checkbox"/> Explosion/Fire<br><input type="checkbox"/> Loss of Control<br><input type="checkbox"/> Poor Visibility<br><input type="checkbox"/> Inadvertent Start<br><input type="checkbox"/> Rollover<br><input type="checkbox"/> Stalls<br><input type="checkbox"/> Sudden Acceleration |

PLEASE DO NOT WRITE IN THIS AREA



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