

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 1-800-424-6383

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.

Call or

1-800

1-800

1-800

## 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                                                                                                                                                                                                             |
| 2B7KB31Z6WK121317                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | Dodge                                                                                                                                                                                                                              | Ram 3500                                                                   |                                                                         | 1998                                                                                                                                                                                                                   |
| VEHICLE MANUFACTURER                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                                                                                                                                                                    |                                                                            |                                                                         |                                                                                                                                                                                                                        |
| <input type="radio"/> GMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____<br><input checked="" type="radio"/> DaimlerChrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW |                                                                                |                                                                                                                                                                                                                                    |                                                                            |                                                                         |                                                                                                                                                                                                                        |
| PURCHASE DATE                                                                                                                                                                                                                                                                                                                                                                                                     | DEALER'S NAME                                                                  | CITY                                                                                                                                                                                                                               | STATE                                                                      | ZIP CODE                                                                |                                                                                                                                                                                                                        |
| <input checked="" type="radio"/> New<br><input type="radio"/> Used                                                                                                                                                                                                                                                                                                                                                | Greenfield                                                                     | Lawrenceville, GA                                                                                                                                                                                                                  | GA                                                                         | 30048                                                                   |                                                                                                                                                                                                                        |
| ENGINE SIZE<br>(CID/CC/L)                                                                                                                                                                                                                                                                                                                                                                                         | FUEL SYSTEM                                                                    | FUEL TYPE                                                                                                                                                                                                                          | TRANSMISSION TYPE                                                          | ANTILOCK BRAKES                                                         | RESTRAINT SYSTEM                                                                                                                                                                                                       |
| 360                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Turbo<br><input checked="" type="radio"/> Fuel Injection | <input type="radio"/> Diesel<br><input checked="" type="radio"/> Gas                                                                                                                                                               | <input type="radio"/> Manual<br><input checked="" type="radio"/> Automatic | <input checked="" type="radio"/> Yes<br><input type="radio"/> No        | <input checked="" type="radio"/> Driver's Air Bag <input type="radio"/> 2 Point Belt<br><input checked="" type="radio"/> Passenger's Air Bag <input type="radio"/> Motorist Belt<br><input type="radio"/> 3 Point Belt |
| NO. CYLINDERS                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                                                                                                                                                                                    |                                                                            |                                                                         | CRUISE CONTROL                                                                                                                                                                                                         |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                                                                                                                                                    |                                                                            |                                                                         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                       |
| DRIVETRAIN                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | VEHICLE TYPE                                                                                                                                                                                                                       |                                                                            | DOORS                                                                   | BODY STYLE                                                                                                                                                                                                             |
| <input type="radio"/> Front <input type="radio"/> 4-Wheel<br><input checked="" type="radio"/> Rear                                                                                                                                                                                                                                                                                                                |                                                                                | <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____<br><input checked="" type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle |                                                                            | <input type="radio"/> 2 Door<br><input checked="" type="radio"/> 4-Door | <input type="radio"/> Hatchback <input type="radio"/> Sedan<br><input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon                                                                                  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                      |                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| COMPONENT<br><input type="radio"/> Child Seat<br><input type="radio"/> Electrical Lights & Alarms<br><input type="radio"/> Engine & Cooling System<br><input type="radio"/> Equipment<br><input type="radio"/> Fuel System, Exhaust<br><input type="radio"/> Heater, Defroster, Ventilation<br><input type="radio"/> Interiors<br><input type="radio"/> Parking Brake<br><input type="radio"/> Power Train<br><input type="radio"/> Service Brakes<br><input type="radio"/> Steering<br><input type="radio"/> Structure<br><input type="radio"/> Suspension<br><input type="radio"/> Visual Systems<br><input type="radio"/> Other | NO. OF FAILURES                                                                                                                                                                                                                                 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).                                                                                                                                                        |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 6<br><input type="radio"/> 7<br><input type="radio"/> 8<br><input type="radio"/> 9 | INCIDENT DATE                                                                                                                                                                                                                                                                        | COMPLETE TIRE SIZE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7/26/00, 8/8/00, 1/12/01, 2/8/01                                                                                                                                                                                                                | TIRE NAME                                                                                                                                                                                                                                                                            |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MILEAGE AT INCIDENT                                                                                                                                                                                                                             | TIRE BRAND                                                                                                                                                                                                                                                                           |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 56171, 57120, 68087, 69883                                                                                                                                                                                                                      | <input type="radio"/> BF Goodrich<br><input type="radio"/> Cooper<br><input type="radio"/> Firestone<br><input type="radio"/> Goodyear<br><input type="radio"/> Kelly Springfield<br><input type="radio"/> Michelin<br><input type="radio"/> Yokohama<br><input type="radio"/> Other |                    |  |
| VEHICLE SPEED AT INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE SPEED AT INCIDENT                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                    |  |
| U/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                      |                    |  |
| FAILED PART(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NHTSA PREVIOUSLY CONTACTED?                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                      |                    |  |
| <input checked="" type="radio"/> Original<br><input type="radio"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                      |                    |  |
| HANDICAPPED ADAPTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FAILED PART(S) AVAILABLE?                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                    |  |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 6<br><input type="radio"/> 7<br><input type="radio"/> 8<br><input type="radio"/> 9 | <input type="radio"/> Wear/Corroded/Just<br><input type="radio"/> Wear/Poor Fit/Loose<br><input type="radio"/> Cur/Torn<br><input type="radio"/> Disconnect/Fell Off<br><input type="radio"/> Erratic/Poor Performance<br><input type="radio"/> Excessive Effort<br><input type="radio"/> Noisy<br><input type="radio"/> Loose<br><input type="radio"/> Short<br><input type="radio"/> Loose/Sticks/Grabs<br><input type="radio"/> Stability/Vibration<br><input type="radio"/> Broken | <input type="radio"/> Explosion/Fire<br><input type="radio"/> Loss of Control<br><input type="radio"/> Poor Visibility<br><input type="radio"/> Inadvertent Start<br><input type="radio"/> Roll-over<br><input type="radio"/> Skids<br><input type="radio"/> Sudden Acceleration |
|                                                                                                             | FIRE                                                  | NUMBER OF FATALITIES                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                  |
|                                                                                                             | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 6<br><input type="radio"/> 7<br><input type="radio"/> 8<br><input type="radio"/> 9 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                  |

PLEASE DO NOT WRITE IN THIS AREA

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