[redacted]

People Saving People

1-888-DASH-2-DOT

Vehicle Owner's Questionnaire

Office of Defects Investigation

Click here to fill out the form using SSL (your information will be encrypted)

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

Please provide your name, address, and phone number, as well as specific details about your vehicle and the problems you encountered with it. We would like to have a telephone number where you can be reached or where we can leave a message. This is necessary to obtain more detailed information when required for our investigative efforts. You may want to have your owner's manual handy as you proceed through the several screens of the questionnaire. Required information is marked with *.

Owner Information

* First Name:	[redacted]
* Last Name:	
Organization:	
* Address 1:	
Address 2:	
* City:	
Home Phone:	
Work Phone:	
Fax Number:	
Email Address:	

RECEIVED
[illegible]
OFFICE
DEFECTS INVESTIGATION

The Privacy Act prevents release of owner information without prior authorization.

Do you wish to request a mailed signature form, which will authorize NHTSA to provide a copy of the owner information along with the vehicle information contained in this report to the manufacturer of your vehicle? Yes ☒

Vehicle Information

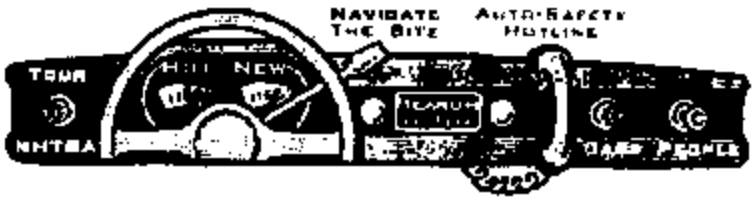
17 digit Vehicle Identification Number (VIN): [redacted]
(Located under windshield on driver's side dashboard)

Proceed to Next Section

Help

The Privacy Act of 1974 - Public Law 93-579, As Amended: *This information is requested pursuant to the authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action.*

NHTSA's Full Privacy Statement



Send mail to the Web Master

NHTSA People Saving People

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You may want to refer to your owner's manual while completing this section. Required information is marked with *.

Vehicle Information

* **Vehicle Make:** For example: Ford, or TOYT

* **Vehicle Model:** For example: Taurus, or CAMRY LE

* **Vehicle Year:** 94 (yyyy)

Current Mileage Reading: 60500

Purchase Date: Jan / 94 (yyyy)

(•) New ( ) Used

Engine Size(CID/CC/L): 4 cylinder 260 HP

No. Cylinders: 4

- [ ] Fuel Injection
- [ ] Turbo
- ( ) Diesel
- (•) Gas

Antilock Brakes

( ) Yes
(•) No

Cruise Control

( ) Yes
(•) No

Restraint System

- [X] Driverside Airbag
- [X] Passengerside Airbag
- [ ] Side Airbag - Driver
- [ ] Side Airbag - Passenger

- [X] 3-Point Belt
- [ ] Motor Belt
- [ ] 2-point Belt

Drivetrain

(•) Front
( ) Rear
( ) 4 Wheel

Body Style

( ) Station Wagon ( ) Hatch Back

- (4-Door)
- ○ 2-Door
- ○ Pickup Truck
- ○ Van
- ○ Mini Van
- ○ Other

Dealer Information

Name: [redacted]
Address:
City:
Phone:

Proceed to Next Section

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Office of Defects Investigation

In this section, please provide details about the safety defect. Select the closest description of the problem component from the Major Assembly list. If you select "None", any other information you enter in this section of the questionnaire will be discarded.

Failed Component/Part Information

Major Assembly: None

Assembly Description:

(If you select "Other Equipment" as the Major Assembly, please provide a description)

Location:
○ Left ○ Right ◉ NA
○ Front ○ Rear ◉ NA

Failed Part:
◉ Original
○ Replacement

Number of Failures:

Date of Failure: *(mm/dd/yyyy)*

Mileage at Failure:

Vehicle Speed at Failure:

Manufacturer Contacted?
○ Yes
◉ No

NHTSA Previously Contacted?
○ Yes
◉ No

Applicable Incident Information

Crash: ○ Yes ◉ No **Fire:** ○ Yes ◉ No

Airbag Deployed?

Driver side:	**Front**	(•) Yes ( ) No ( ) N/A	**Side**	( ) Yes (•) No ( ) N/A
Passenger side:	**Front**	(•) Yes ( ) No ( ) N/A	**Side**	( ) Yes (•) No ( ) N/A

Number of Persons Injured: 2 **Number of Fatalities:** 0

Estimated Property Damage: $ 10,000 **Reported to police?** (•) Yes ( ) No

(Rounded to nearest dollar)

You may report problems with as many as 6 component parts of a single vehicle in a single questionnaire. Click **Report Another Component** to provide details about another problem component on the same vehicle. When you have finished reporting all the problem components, click **Proceed to Next Section.**

Report Another Component | Proceed to Next Section

Help

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Office of Defects Investigation

In this section, please provide additonal details about any tire failures. You need not report information about tire failures which occurred during normal operation. If you do not enter a Manufacturer name, any other information you enter in this section of the questionnaire will be discarded.

Information on Tire Failure(s) (If Applicable)

DOT Number: DOT _____ **Manufacturer:** _____

Tire Name: _____ **Complete Tire Size:** _____
(Include all numbers and letters)

Proceed to Next Section

Help

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Vehicle Owner's Questionnaire

Office of Defects Investigation

Please provide a detailed description of each problem/incident for the Office of Defects Investigation. You can type up to 2000 characters of comment though the window won't show more than 70 characters at a time.

Description/Additional Comments

SMALL FEMALE PASSENGER INJURED BY AIRBAG IN LOW IMPACT COLLISON SEVERE TRAUMA TO FACE EYE, RT HAND CHEST. POSSIBLE PERMANENT EYE INJURY & DECREASED RANGE OF MOTION IN HAND. (TOTAL 3 FRACTURES, 2 to FACE - 1 to HAND.

Questionnaire Completed · Proceed to Confirm Information

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