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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY [DOT]

Date Received	Repository
28-JAN-2003	
	Reference No. 10004787

2003 APR 29 AM 9:43

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City RAYNHAM | State MA | Zip Cod [redacted]
Daytime Telephone Number [redacted] | E-mail Address
Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of a[redacted] address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1D7HU18N02S5[redacted]	DODGE	RAM 1500	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
4/02	GOODYEAR DODGE	781 331 8300	8	
Original Owner ☑	Dealer's City SO. WEYMOUTH	State MA / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control		116000 ELECTRICAL SYSTEM: IGNITION Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-JUN-2002 01-JAN-2003			

1-FEB-2003

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTNAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☑ Yes ☐ No	☐ Yes ☒ No			Yes

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING VEHICLE WILL STALL WITHOUT WARNING. ~~CONSUMER HAD TWO ACCIDENTS AND~~ HAD THE VEHICLE SERVICED SEVERAL TIMES FOR THIS PROBLEM, BUT THE DEALERSHIP CAN NOT DULIPCATE, SO THEY CANNOT FIX THE PROBLEM. UPON FURTHER INSPECTION OF THE VEHICLE BY THE CONSUMER, THEY NOTICED THAT IGNITION CAN BE SWITCHED INTO ACCESSORY MODE WITHOUT FORCE. CONSUMER INFORMED DEALERSHIP, ~~PLEASE PROVIDE MORE DETAILS.~~ TO ~~75~~ TOWARD THE REAR

↓ AND Daimler/Chrysler

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY