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

2003 APR 18 ~~PM~~ 1:24

FOR AGENCY USE ONLY 752

Date Received	Repository ☐
	Reference No. 10011681

OWNER INFORMATION (Type or Print)

Name	[redacted]
Address	[redacted]
City	DEL RAY BEACH
State	FL
Zip Code	[redacted]
Daytime Telephone Number	[redacted]
Evening Telephone Number	
E-mail Address	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [signature] Date 4/6/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number	Make	Model	Model Year
1D7HA18N42J183587	~~CHEVROLET~~ DODGE	~~C1500~~ RAM 1500	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
JAN 2002	MAROONE DODGE	8	GAS

Original Owner	Dealer's City	State	Zip Code
☒	DELRAY Bch	FL	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4.7	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
21-FEB-2003	18000	45 mph

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: DOTMAL9ABC036)	
☐ 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			N

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).

THE TRANSMISSION GEAR WENT INTO NEUTRAL, WITHOUT WARNING.*JB At 1000 miles HAD TRANS PROBLEM. 6000 Miles NEW TRANS installed. HAD NO RELEASE. 18000 miles TRANS went in to NEUTRAL while Driving. TRANS problem fixed. But fill Truck is unsafe. Manufacture fills problem is fixed. And THAT I HAVE A 7/70 WARRANTY so why don't [what] this TRUCK Said if problem occurs Again it will be covered Hope I'm not in A Accident So that I CAN Be Around to get it fixed!

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