



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 1375

Date Received

Repository ☐

7 PM 12:27
09-APR-2003

Reference No.
10015519

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City STEPHENS CITY State VA Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

NA

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 [REDACTED] Date 04/24/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)
1B7HF16Z2002 Make DODGE Model RAM 1500 Model Year 1998

Date Purchased 2/2002 Dealer's Name and Telephone Number Lewin Young AUTO Sales 540-662-1360 Engine: No. Cylinders
Original Owner ☐ NO Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED] Fuel Type: GAS

Transmission Type Automatic ☒ Antilock Brakes ☐ Cruise Control
Powertrain

Vehicle Component Code
151000 SEAT BELTS:FRONT

Multiple Failure: Airbags

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-APR-2003 Failure Mileage 84,000 Failure Speed 55 MPH Shoulder HARNESS DRIVER
Both AIRBAGS NO Deployment

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location:
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 1 Number of Deaths 1 Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
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 VEHICLE WAS INVOLVED IN A FRONTAL COLLISION WHILE TRAVELING 55 MPH. THE DRIVER'S SHOULDER RESTRAINT DID NOT HOLD AND CAUSED CONSUMER TO MOVE FORWARD AND HIT THE FRONT WINDSHIELD. *NLM

NO Air bag Deployment

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Driving AT 55 mph - Struck vehicle IN A T-bone type collision
 involving front end of my truck to front driver side of
 full size CADILLAC. The driver of other vehicle was killed
 upon impact at 55 mph. NO AIR BAGS deployed AND MY
 Seatbelt Shoulder Belt did NOT hold, causing abrupt movement to
 steering wheel + windshield

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National Highway
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400 Seventh St., S.W.
 Washington, D.C. 20590

Official Business
 Penalty for Private Use \$300

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Office of Defects Investigation, NVS-216
 400 7th Street, SW
 Washington, DC 20590



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and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
 COMPLETE THIS FORM
 ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
 OWNER'S**