



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) 203 MAY -7 11:42:34  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1367

Date Received

Repository

Reference No.  
10015604

**OWNER INFORMATION (Type or Print)**

Name

Address

City

EL PASO

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an  YES  NO  
Signature of Owner \_\_\_\_\_ your name or address to the vehicle manufacturer.

Date 04/2/03

**VEHICLE INFORMATION**

Vehicle Identification Number Located at bottom of windshield on driver's side

307W152003220519

MAKE DODGE

Model Year  
RAM PICKUP

Model Year  
1999

Date Purchased  
June 6 99

Dealer's Name and Telephone Number

Engine:  
No. Cylinders 8

Fuel Type:  
GASOLINE

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

LS1300 SEAT BELTS:FRONT:RETRACTOR

Multiple Failure: 1

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

Incident Date(s)

Feb 14 03

Failure Mileage

40000

Failure Speed

- 0 -

**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: DOTM1A9ABC36)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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 (used if old part is available).

THE VEHICLE EXPERIENCED THE SAME DEFECT WITH THE FRONT SEAT BELT RETRACTOR AS STATED IN RECALL 01 V 119 000, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED IN THE RECALL. \*JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.