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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 1220

Date Received  01-MAY-2003	Repository <input checked="" type="checkbox"/> NHTSA <input type="checkbox"/> Other
Reference No. 10017950	

**OWNER INFORMATION (Type or Print)**

Name [Redacted]	Daytime Telephone Number [Redacted]	E-mail Address [Redacted]
Address [Redacted]	Evening Telephone Number Same	
City SHONGALDO	State LA	Zip Code [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
Is the absence of an owner's name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 8/1/03  YES  NO

**VEHICLE INFORMATION**

VIN 3B7MC33D8VM588503	Make DODGE	Model RAM	Model Year 1997
Date Purchased 8-97	Dealer's Name and Telephone Number		Engine No: Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City TEHARKANA	State TX	Zip Code [Redacted]
Transmission Type Standard	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Fuel Type DIESEL
Vehicle Component Code L21200 EXTERIOR LIGHTING:HEADLIGHTS:SWITCH		Multiple Failure: 1	

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

Incident Date(s) 4-27-03 4-29-03	Failure Mileage 135,905	Failure Speed	Light Switch
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**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: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 THE VEHICLES HEADLIGHT SWITCH SHORTED OUT WHICH CAUSED ALL THE LIGHTING ON THE DASH BOARD TO GO OUT. THE HEADLIGHT SWITCH ALSO MELTED ALL THE WIRING AND UPON TURNING THE VEHICLE OFF THE HEADLIGHTS WOULD AUTOMATICALLY COME ON BY THEMSELVES. \*NLM  
  
switch was on Recall, but not on these models.

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 an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**