



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 252

Date Received

2003 AUG 02 11:20 AM

Repository

Reference No.
10018077

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HANCEVILLE State: AL Zip Code: [Redacted]

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? YES NO
In the absence of an answer, we will use your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/21/03

VEHICLE INFORMATION

Make: Dodge Model: F250 Model Year: 1994
Date Purchased: 2/24/94 Dealer's Name and Telephone Number: Field of Steels Dodge Chrysler
Engine: 6 Cylinders Fuel Type: Diesel
No. of Cylinders: 6
Transmission Type: MANUAL Antilock Brakes: Powertrain: 4 Wheel
Cruise Control: Vehicle Component Code: 220000 SEATS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-MAY-2003 - report
Failing Mileage: See meter 2000
Failure Speed: 30 mph
Failure Description: VERTICAL & HORIZONTAL CRACKING WHERE THE CAB MOUNTS TO THE FRAME ON BOTH SIDES.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM145ABC036): [Redacted] Original Equipment Prior Repair: Failure Location: [Redacted]
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, failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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 (and if old part is available).

WHILE TRAVELING ON THE HIGHWAY WITHOUT PRIOR WARNING THE DRIVER SIDE AND PASSENGER SIDE SEAT BROKE. *NLH

No

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 Administration 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.