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 100145

Date Received	Repository ☐
12-MAY-2003 JUN -9 PM 11:52	Reference No. 10019587

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: PATUXENT RIVER	State: MD	Zip Code:	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 05/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL IN [illegible]

Make	Model	Model Year
DODGE	RAM	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: 360 5.9L No: Cylinders 8	Fuel Type: UNLEADED
99-25-98	OAK HARBOR MOTORS, INC (360) 675-5[illegible]				
Original Owner ☒	Dealer's City: OAK HARBOR	State: WA	Zip Code: 98277		

Transmission Type			Vehicle Component Code
AUTO.	☐ Antilock Brakes ☒ Cruise Control	Powertrain YES.	161000 STRUCTURE: FRAME AND MEMBERS
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-FEB-2003	~~39000~~ 53,000	UNKNOWN	

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	NONE	0	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 VEHICLES ENGINE BOLT LOOSENED AND A SCREECHING NOISE WAS PRODUCED. THE DEALER WAS NOTIFIED. *NLN
BOLTS LOOSEN WERE THE VALVE COVER BOLTS, ALL 24 WERE LOOSEN ON OWN BE AND TORQUE VALUES. THE LOOSENED ADDITIONAL 2 TIMES AFTER PROPERLY TORQUED. WITH VALVE COVER BOLTS LOOSENED OIL LEAKED OUT OF ENGINE. WITH NO OIL INSIDE ENGINE, THE ENGINE COULD SEIZE.

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