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 335

Date Received	Repository ☐
03-JUL-2003	Reference No. 10022703

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City ONALASKA / State TX / Zip Code [redacted]	[redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1D7HA18N52[redacted]	DODGE	RAM	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: 4.7L No. Cylinders	Fuel Type:
	DEMONTE FORD			MAGNUM V8	
Original Owner ☑	Dealer's City CONROE	State TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control		140000 AIR BAGS
			Multiple Failure: AIRBAGS

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAY-2003	11000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Michelin	A/S 2 70R17	
DOT No. (Example: DOTMALSABC036)	☐ 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	2	1	YES

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 AT 50 THE RIGHT FRONT WHEEL SLIGHTLY TOUCHED THE GRAVEL ON AN UNEVEN PARKWAY, AND CAUSED THE DRIVER TO LOSE CONTROL OF VEHICLE, VEHICLE FLIPPED AND CRASHED. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. THE PASSENGER WAS KILLED.

SEE ATTACHED STATEMENT

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

To: National Highway Traffic Safety Administration

From: [redacted]

Date: July 1, 2003

Re: Vehicle Owner Questionaire
2002 Dodge Ram Quad Cab Truck
Vin No: 1D7HA18N52J[redacted]

Tire I.D. 20 Inch Michelin – P265/70R17 BSW All Season

This is a narrative description of the incident on May 25, 2003 which you have requested as a result of the complaint that I filed on June 9, 2003. This is considered as an attachment to your form to identify the actual accident.

I was traveling on Hwy 356 on Sunday, May 25, 2003 at 6:45 p.m. in the evening when my right front tire slightly went off the road into a gravel driveway entrance. My passengers were my friends, [redacted] of Mesquite, Texas and [redacted] of Missouri City, Texas. [redacted] was in the front passenger seat and [redacted] in the rear seat. When the tire left the road I turned my wheel back to the left to get back onto the road. The truck seemed to fish tail in the rear and we collided head on into a concrete culvert, flipped end over end and then rolled over upside down into a ditch. No one was ejected from the vehicle as the police and medical reports have suggested. Neither of the airbags deployed. [redacted] was killed and [redacted] was injured. They were both life flighted to Memorial Herman Hospital in Houston, Texas. [redacted] died at 8:50 p.m. and [redacted] remained in the hospital for approximately 3 days. I was transported to the local hospital with less serious injuries.

[redacted], who is the husband of [redacted], has obtained and attorney for the purposes of holding Daimler Chrysler liable for his wife's death. The attorney hired an independent engineer to inspect the vehicle. I was with him for 3 ½ hours during his investigation and his verbal report to me was that there was no reason for airbags to have not deployed and that [redacted] would be alive today had they done so. He also advised me that the wheels on my truck did not help. He said that with the size of them, the manufacturers should redesign the chassis because of the change in the center of gravity causing the truck to be unstable.

I also filed a formal complaint with the Product Liability Division of Daimler Chrysler on June 5, 2003 by calling Bobbie at 1-800-992-1997. She took my statement and gave me a reference number of 11328475. She said that because of [redacted]'s death she would be turning it over to a Special Investigation department but unfortunately could not give me a time frame as to when an investigator would be out to see the vehicle. To date, I have had no further contact by Daimler Chrysler.

I am returning your Questionaire to you along with the other information you have requested and sending a copy of the forms to Mr. [redacted]'s attorney.

We have refused to let the insurance company take the vehicle pending other investigators who should have already inspected it. To date, no one other than Mr. [redacted]'s independent investigator has been to the vehicle location.

Cordially,

[redacted]

Onalaska, Texas [redacted]

FATAL - 1 Killed LORI 327-6858 2:35

TEXAS PEACE OFFICER'S ACCIDENT REPORT (ST-3) (REV. 9/1/01) — FILE COPY FROM CUSTODIAL FILE

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0350

PLACE WHERE ACCIDENT OCCURRED

COUNTY: Polk
CITY OR TOWN:

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: 2 MILES [X] NORTH [ ] S [ ] E [ ] W OF Onalaska (CITY OR TOWN)

ROAD ON WHICH ACCIDENT OCCURRED: FM 356 (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE: [ ] YES [X] NO — SPEED LIMIT: 55

INTERSECTING STREET OR RR X'ING NUMBER:
CONSTR. ZONE: [ ] YES [ ] NO — SPEED LIMIT:

NOT AT INTERSECTION: 1 [ ] FT. [X] MI. [X] N [ ] S [ ] E [ ] W OF RP 706 — 706

DO NOT WRITE IN THIS SPACE: LOC. / CODE / SEVERITY / FAT. REC. / INJ. REC. — DPS NO.

DATE OF ACCIDENT: 05-25 20 03 — DAY OF WEEK: Sunday — HOUR: 6:45 [ ] A.M. [X] P.M.

UNIT NO. 1 - MOTOR VEHICLE — VEHICLE IDENT. NO.: 1D7HA18N52J[redacted]

YEAR MODEL: 2002 — COLOR & MAKE: Gry/Dodge — MODEL NAME: Ram 1500 — BODY STYLE: 4-dr P/U — LICENSE PLATE: 04 TX[redacted]

DRIVER'S NAME: [redacted] Onalaska, TX [redacted] — PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX [redacted] — DOB: 03-02-47 — RACE: W — SEX: F — OCCUPATION: Retired

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 2 — ALCOHOL/DRUG ANALYSIS RESULT: Unk — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? [ ] YES [ ] NO

LESSEE / OWNER: [X] Same

LIABILITY INSURANCE: [X] YES [ ] NO — Mid-Century Ins CO of TX 079122256 — VEHICLE DAMAGE RATING: 12-FD-7 2-R&T-7

UNIT NO. 2 - MOTOR VEHICLE [ ] TRAIN [ ] PEDALCYCLIST [ ] TOWED [ ] PEDESTRIAN [ ] OTHER [ ] — VEHICLE IDENT. NO.:

YEAR MODEL: — COLOR & MAKE: — MODEL NAME: — BODY STYLE: — LICENSE PLATE:

DRIVER'S NAME: — PHONE NUMBER:

DRIVER'S LICENSE: — DOB: — RACE: — SEX: — OCCUPATION:

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: [ ] — ALCOHOL/DRUG ANALYSIS RESULT: — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? [ ] YES [ ] NO

LESSEE / OWNER: [ ]

LIABILITY INSURANCE: [ ] YES [ ] NO — VEHICLE DAMAGE RATING:

DAMAGE TO PROPERTY OTHER THAN VEHICLES: Concrete culvert — TXDOT — 10' — $ 500.00

LIGHT CONDITION: 1	WEATHER: - 1	SURFACE CONDITION: 1	TYPE ROAD SURFACE: 1	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? [X] YES [ ] NO

CHARGES FILED
NAME: None — CHARGE: — CITATION NUMBER:
NAME: — CHARGE: — CITATION NUMBER:

TIME NOTIFIED OF ACCIDENT: 05-25-03 6:51 P — BY HOW: Polk County SO — TIME ARRIVED AT SCENE OF ACCIDENT: 05-25-03 7:10 P

TYPED OR PRINTED NAME OF INVESTIGATOR: Rae Shel Lee — DATE REPORT MADE: 05-25-03 — IS REPORT COMPLETE? [ ] YES [X] NO

SIGNATURE OF INVESTIGATOR: [signature] — ID NO.: 10405 — DEPARTMENT: DPS/THP — DISTRICT: 2B4

R 6-2