



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received <i>July 10, 2003</i>	Od-or _____
Reference No. <i>10027104</i>	rt-rt _____
	od-rt _____
	up-tr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: [REDACTED]

STREET NO. *Southfield* APT. NO. [REDACTED]
CITY MI STATE [REDACTED]
ENTER ZIP CODE [REDACTED]

ZIP CODE: [REDACTED] AREA CODE: [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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

SIGNATURE OF OWNER: [REDACTED] DATE: *5-31-03*

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<i>3B7HC13Y5TG124752</i>	<i>Dodge</i>	<i>Ram 1500</i>	<i>DEC. 1995</i>	<i>1997</i>

VEHICLE MANUFACTURER
 BMW Ford Honda Nissan Subaru Volvo Other _____
 Daimler/Chrysler General Motors Hyundai Saab Toyota VW

PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<i>3/27</i>	<i>Blue Water Dodge</i>	<i>Port Huron</i>	<i>MI</i>	<i>48060</i>

ENGINE SIZE (CID/CC)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
<i>5.1L</i>	<input checked="" type="radio"/> Fuel Injection	<input checked="" type="radio"/> Gas	<input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> 3-Point Belt	<input checked="" type="radio"/> Yes

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).																																													
<input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other: <i>Seat back recliner mechanism</i>	<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr> <th>INCIDENT DATE</th> <th>TIRE NAME</th> <th>COMPLETE TIRE SIZE</th> </tr> <tr> <td><i>N/A</i></td> <td></td> <td></td> </tr> <tr> <th>RELEASE AT INCIDENT</th> <th>TIRE BRAND</th> <td></td> </tr> <tr> <td><i>N/A</i></td> <td> <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____ </td> <td></td> </tr> <tr> <th>VEHICLE SPEED AT INCIDENT</th> <td></td> <td></td> </tr> <tr> <td><i>N/A</i></td> <td></td> <td></td> </tr> <tr> <th>FAILED PART(S)</th> <td></td> <td></td> </tr> <tr> <td> <input checked="" type="radio"/> Original <input type="radio"/> Replacement </td> <td></td> <td></td> </tr> </table>		INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE	<i>N/A</i>			RELEASE AT INCIDENT	TIRE BRAND		<i>N/A</i>	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____		VEHICLE SPEED AT INCIDENT			<i>N/A</i>			FAILED PART(S)			<input checked="" type="radio"/> Original <input type="radio"/> Replacement		
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HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT																	
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	FIRE	NUMBER OF FATALITIES	<input type="radio"/> Wear/Comaded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Loose/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration	<input type="radio"/> Yes <input checked="" type="radio"/> No																	

