



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 1387

Date Received <b>200 NOV 26</b> 22-OCT-2003	Repository <input type="checkbox"/>
	Reference No. 10044469

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	
City	State	MO	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 **11/10/03**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom or windshield on driver's side <b>3D7M448603A</b>	Make DODGE	Model 3500	Model Year 2003
Date Purchased <b>2-14-03</b>	Dealer's Name and Telephone Number <b>McBRACKEN MTR. 417-845-3343</b>		Engine: No. Cylinders
Original Owner <input type="checkbox"/>	Dealer's City <b>ANDERSON</b>	State <b>MO</b>	Zip Code <b>64831</b>
Transmission Type <b>AUTO.</b>	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 013000 STEERING:GEAR BOX (OTHER THAN RACK AND PINION)
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) <b>8 Sept 03</b>	Failure Mileage 8500	Failure Speed <b>45?</b>	<b>HARD STEERING &amp; WANDERING</b>
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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: DOTMALSABC036)	<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 AT 50 MPH SUDDENLY STEERING WHEEL BECAME HARD TO TURN AND LOCKED UP. THIS WAS CAUSED BY THE STEERING GEAR BOX BEING TIGHTENED TOO TIGHT AT TIME OF MANUFACTURING, PER DEALERSHIP. THE DEALERSHIP REPLACED THE PART. \*AK**

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

The Privacy Act of 1974-Public Law 93-599 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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.