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 281

Date Received	Repository ☐
29-OCT-2003 2003 DEC -4 AM 10:51	Reference No. 10044882

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City VANCOUVER	State WA	Zip Code	Evening Telephone Number

Do you authorize [redacted] to release your name or address to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11-29-03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3B7KF23621G707729	DODGE	RAM	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
10/13/00	C.H. Keene Motor Co. 541 296-2284		Diesel
Original Owner ☒	Dealer's City The Dalles	State OR Zip Code 97058	

Transmission Type			Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	013000 STEERING:GEAR BOX (OTHER THAN RACK AND PINION)
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	4000	50	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Michelan		
DOT No. (Example: DOTMLSABC036)	☐ 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	0	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).

WHILE DRIVING 50-60 MPH CONSUMER NOTICED STEERING HAVING "PLAY". THE TRUCK BEGAN TO SWAY ACROSS THE ROAD. THE TRUCK WAS SERVICED, AND THE STEERING GEAR BOX/TIE ROD, AND TRACKING BAR WERE REPLACED. *AK

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).