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 100192

Date Received	Repository
2004 FEB 19 AM 10:13 09-JAN-2004	Reference No. 10053759

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	

Address [redacted]

City	State	Zip Code
WEWAHITCHKA	FL	[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 CANNOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 1/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7KF23820[redacted]	DODGE	2500	1989

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-13-98	BILLY CARR CHEVY + DODGE			No. Cylinders 6	DIESEL
Original Owner ☒	Dealer's City BLOUNTSTOWN, FL	State FL	Zip Code		

Transmission Type			Vehicle Component Code
5 SPEED	☑ Antilock Brakes ☑ Cruise Control	Powertrain	072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
3-20-97 5-16-00	250[redacted]		

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: DOTMAL8ABC036)	☐ 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			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).

TRANSFER FUEL PUMP WAS TWICE REPLACED UNDER 100,000 MILE WARRANTY. CURRENTLY, VEHICLE NEEDED A THIRD REPLACEMENT AFTER 140,000 MILES. ALSO, FIFTH GEAR WAS COMPLETELY GONE. THIS OCCURRED AT 140,000 MI. *AK

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