



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](http://www.nhtsa.dot.gov/hotline)

2004

FOR AGENCY USE ONLY 231	
Date Received APR 20 AM 10:28 21-JAN-2004	Repository <input type="checkbox"/>
Reference No. 10055587	

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
ANDERSON	IN	[REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an answer, we will provide your name or address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Signature of Owner		Date 2/10/04	

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B7HC1625V5230328	Make DODGE	Model RAM	Model Year 1997
Date Purchased 12/31/03	Dealer's Name and Telephone Number Tom Wood Motors		Engine: No. Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City ANDERSON	State IN	Zip Code 46012
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 1/10/04	Failure Mileage 104,000	Failure Speed NA	1-530305 98 A B

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: DOTM18AB0036)	<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 0	Number of Deaths 0
Reported to Police 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 TRAVELING CONSUMER SMELLED FUEL ODOR INSIDE OF VEHICLE. CONSUMER INSPECTED UNDER VEHICLE AND SAW FUEL LEAKING FROM THE FUEL RAIL. \*AK

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

The Privacy Act of 1974-Public Law 93-579 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Replaced fuel rails & fuel lines that covered, total cost for parts and labor was \$542.00. I still have the original parts. Original fuel rails were plastic. Replacement rails were metal, having different connectors regarding additional replacement fuel line.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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(DASH) & DOT



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