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 100079

Date Received	Repository
26-JAN-2004 2004 FEB 24	10055827

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CHARLEVOIX [redacted] State MI Zip Code [redacted]	[redacted]	

Do you authorize NHTSA to forward your complaint 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 2/11/4

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2B6HB11Y82 [redacted]	DODGE	RAM 1500	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12/30/02	RICHMOND CHRYSLER DODGE 5867277577	8	GAS

Original Owner	Dealer's City	State	Zip Code
☒	RICHMOND, MI	MI	48062

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	12000 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-JAN-2004			

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)		Failure Location:
	☐ Original Equipment ☐ Prior Repair	

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).

THE CONSUMER WAS UNABLE TO GET THE WINDOWS TO REMAIN DEFROSTED. THIS CAUSED POOR VISIBILITY AND UNSAFE DRIVING CONDITIONS. THE DEALER INDICATED THAT NOTHING COULD BE DONE TO CORRECT THE PROBLEM. *NM

ADDITIONAL INFORMATION

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