[redacted]

Denver, CO [redacted]
(303) [redacted]
Fax (303) [redacted]

2005 JUL 17 AM 6:12

[redacted]

IDD 71879

To whom, it may concern,

I have been trying to persue this matter for several years and have gotten no response from manufacturer, I have had several surgerys on my Knees because Air bags did not deploy

Please help

[redacted]

P.S. You should already have a file on this

Edison 7/17/05

Form Approved: O.M.B. No. 2127-0004

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	
Date Received: 2005 JUL 13 PM 12:54 — 2-14-05	Od_or ___ ___ rl_dt ___ ___ od_rl ___ ___ up_ltr ___ ___
	Reference No. ADD TO 10071879

OWNER INFORMATION (Type or Print)

Name: [redacted]

Street No.: [redacted] Apt. No.:

City: North Pole State: AK Zip Code: [redacted]

Daytime Telephone Number: [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 WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1 D 3 H 4 1 8 Z 6 2 J [redacted]	Dodge	RAM 1500	2002

Purchased Date: ☐ New ☐ Used

Dealer's Name:

Dealer's City: State: Zip Code:

Engine Size (CID/CCA): ___ No. Cylinders: ___ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar):

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☒ Yes ☐ No

Drivetrain: ☐ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): Seat Belts and Airbags

Location: ☐ Left ☒ Right ☐ Front ☐ Rear

Failed Part(s): ☐ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: Tire Name:

Complete Tire Size: DOT No.

No. of Failures: Date(s) of Failure(s): Mileage at Failure(s): Vehicle Speed at Failure(s):

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash: ☒ Yes ☐ No

Fire: ☐ Yes ☐ No

Number of Persons Injured: 24

Number of Fatalities: 0

Reported to Manufacturer: ☒ Yes ☐ No tried to they refuse to look at me because I was not a man

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

I was a passenger in Car I have had Surgery on both Knees

[redacted]

Continued on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882