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 1368

Date Received	Repository
2004 JUL - 07-JUN-2004	
	Reference No. 10075769

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CULPEPER / State VA / Zip Code [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 [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1D7HU16D44[redacted]	DODGE	RAM	2004

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12/21/03	Darcars Chrysler 301-423-5111		
Original Owner ☒	**Dealer's City** Marlow Heights / **State** Md. / **Zip Code** 20746		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
14-MAY-2004	12000	45 mlhs

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: DOTMALSABCD96)	☐ 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	1		Y

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).

DURING A FRONTAL COLLISION FRONT AIR BAGS DID NOT DEPLOY. CONSUMER SUSTAINED NECK INJURIES. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

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

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

When I talked to someone on the phone they said to send a copy of my medical bill too.

ATTACH ADDITIONAL SHEETS I

U.S. Department of Transportation

...ational Highway ...fic Safety ...inistration

...venth St., S.W.
...ashington, D.C. 20590

Official Business
Penalty for Private Use $300

DULLES ... PM

GREETI... FROM Far Far Aw...

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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

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... OWN... QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

US Department of Transportation
National Highway Traffic Safety Administration

Commonwealth of Virginia • Department of Motor Vehicles

Page 1 of 1 pages ☐ Supplemental report

Police Crash Report

Agency Copy FR300P (Rev 8/03)

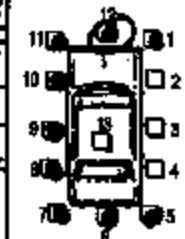
Crash date: 05 / 15 / 2004	Day of week: SAT	Military time (24 hr. clock): 2000	County of crash: CULPEPER	Official DMV use	
☐ City of ☐ Town of		Landmark at scene	GPS Lat.		
Location of crash (route/street): RT 669		Railroad crossing ID no. (if within 150 ft.)	GPS Long.	Mile marker number	Local case number
☐ at Intersection with or ± 4 ☐ miles ☐ feet ☐ N ☐ S ☐ E ☐ W of	Location of crash (route/street): RT 663				Number of vehicles: 1

Driver / Vehicle 1

Driver's name (last, first, middle) [redacted]	Driver fled scene ☐
Yrs. dr. experience: 38	
Address (street and no.) [redacted]	
City: CULPEPER	State: VA ZIP [redacted]
Birth date [redacted]	Gender	Driver's license number [redacted]	☐ DL ☐ CDL	State: VA
Vehicle [redacted]	☐ same as driver
Address (street and no.)	
City	State	ZIP
A Veh. type: 2	Veh. year: 2004	Veh. make: DODGE	Veh. model: RAM	CMV ☐	Towed ☐
Vehicle plate number [redacted]	State: VA	B EMV type: 1	C EMV in service: 3	Approximate repair cost: 8,500
VIN: 1D7HV16N4J [redacted]				
U.S. DOT no. or VA no. [redacted]	Placard no. and class or name			
No. of axles	Truck cover Y ☐ N ☐	EVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000	☐ HAZMAT ☐ Oversize	☐ Cargo spill ☐ Overturn ☐ Underride

Name of insurance company (not agent): NATIONWIDE

Check impact area(s) Circle initial impact



See back of FR300T

Driver / Vehicle 2

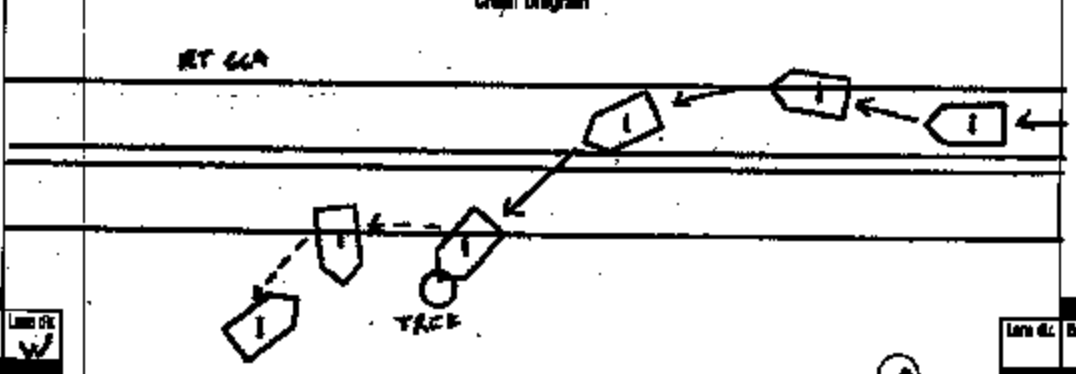
Driver's name (last, first, middle) [redacted]	Driver fled scene ☐
Yrs. dr. experience	
Address (street and no.)	
City	State	ZIP
Birth date	Gender	Driver's license number	☐ DL ☐ CDL	State
Vehicle owner's name (last, first, middle) or Commercial motor carrier	☐ same as driver
Address (street and no.)	
City	State	ZIP
A Veh. type	Veh. year	Veh. make	Veh. model	CMV ☐	Towed ☐
Vehicle plate number	State	B EMV type	C EMV in service	Approximate repair cost
VIN				
U.S. DOT no. or VA no.	Placard no. and class or name			
No. of axles	Truck cover Y ☐ N ☐	EVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000	☐ HAZMAT ☐ Oversize	☐ Cargo spill ☐ Overturn ☐ Underride

Name of insurance company (not agent)

Check impact area(s) Circle initial impact

See back of FR300T

Crash Diagram



Indicate north by arrow

Before crash	Limit	Max safe	Less dir.
45	45	45	W
Less 5	5-17	18-21	Over 21

Lane dir.	Before crash	Limit	Max safe
Less 5	5-17	18-21	Over 21

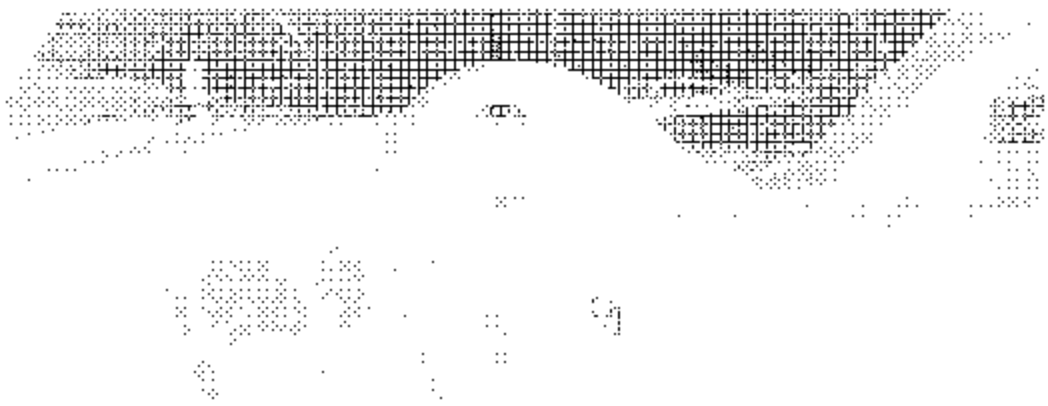
Damage to property other than vehicles ➤ Approximate repair cost | Object struck (tree, fence, etc.) | Property owner's name (last, first, middle) and address

Crash description: VEHICLE #1 RAN OFF RIGHT SIDE OF ROAD, OVERCORRECTED, RAN OFF LEFT SIDE OF ROAD AND STRUCK A TREE.

Offenses charged driver: VEHICLE #1: DUI

12	13	14	15	16	17	18	19	20	Names of injured (if deceased give date of death)	EMS transport	Date of death MM/DD/YYYY
1	1	1	2	1	[redacted]	M	2	X	[redacted]	✓	

Investigating officer: K.K DAVIS | Badge/check no.: 6139 | Agency/department name and code: VA STATE POLICE 156 | Reviewing officer | Report file date: 05 / 16 / 04



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).