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 100216

Date Received	Repository ☐
28-JUN-2004 PM 7:55	Reference No. 10080141

OWNER INFORMATION (Type or Print)

Name	Telephone Number	E-mail Address
Address		
City: CARLISLE State: KY Zip Code	Evening Telephone Number	

Do you authorize N[redacted] the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted]vide your name or address to the vehicle manufacturer.
Signature of Owne[redacted] Date 7/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7HU18N52[redacted]	DODGE	RAM 1500	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	MANN'S Chrysler-Dodge-Jeep 859 498-0032			8	GAS
Original Owner ☒	Dealer's City: Mt. Sterling	State: KY	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☑ Antilock Brakes ☑ Cruise Control	4 wheel drive	141000 AIR BAGS: FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
26-JUN-2004	43,000 +	~~45~~ ??

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: DOTMAL9ABC036)	☐ 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	0	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).

WHILE DRIVING ~~X~~ MPH DRIVER LOST CONTROL OF THE VEHICLE AND COLLIDED WITH A TREE. UPON IMPACT, BOTH FRONTAL AIR BAGS FAILED TO DEPLOY. DRIVER TO SUSTAINED MAJOR INJURIES ,AND WAS TRANSPORTED TO A HOSPITAL. THE VEHICLE WAS TOWED TO A GARAGE. *AK 45mph ??

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

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

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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
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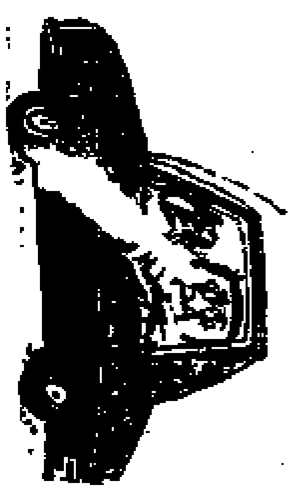
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEh... LE OWNER'S
QUESTIONNAIRE
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR
DASH2DOT
and dial toll free at

09 JUL 2004

888-DASH-2-DOT
1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT



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