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 100192

Date Received	Repository
17-SEP-2004	Reference No. 10092675

-3 PM 2:12

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City ADRIAN	State MI	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	[redacted]
Evening Telephone Number Same	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of ar[redacted]me or address to the vehicle manufacturer.
Signature of Owner [redacted] Date Oct/23/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7kF2369wJ[redacted]	DODGE	2500	1998 24V

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Nov 2003		5.9L	Diesel

Original Owner	Dealer's City	State	Zip Code
[ ]	ESSEX	ONT	N8M2K5

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	4 WHEEL DRIVE	092100 FUEL SYSTEM, OTHER:DELIVERY:FUEL PUMP Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-SEP-2004	115000 Km 70,000 mi		

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 [X] No	[ ] Yes [X] 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 LIFT PUMP THAT FEEDED THE INJECTOR PUMP FAILED, AND WAS COSTLY TO REPLACE IT. VEHICLE LOST POWER. *AK 70,000mi

2ND LIFT PUMP FAILURE @ 122,000 miles
Repaired on OCT 20, 2004

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