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
21-SEP-2004	Reference No. 10092919

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City INDIANAPOLIS / State IN / 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7KF238XWJ[redacted]	DODGE	RAM 2500	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: Diesel No. Cylinders 2500	Fuel Type: Diesel
Original Owner [X]	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code: Diesel injector
AUTOMATIC Manual	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	172100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-SEP-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: 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			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).

ON MARCH 2003 WHILE DRIVING VEHICLE STALLED, AND WAS ~~TOWED~~ Driven TO THE NEAREST DEALERSHIP, WHO REPLACED BOTH FUEL PUMPS AT MANUFACTURER'S EXPENSE. ONE YEAR LATER VEHICLE HAS THE SAME SYMPTOM AS THE PREVIOUS YEAR. DEALERSHIP INDICATED ~~THEY~~ after it WAS THE FUEL PUMP, BUT WAS NOT ANY LONGER UNDER WARRANTY. JUST THE PART WILL COST CONSUMER $1400 PLUS LABOR. *AK

Injector

This problem caused safety hazard on the interstate while pulling a trailer, while moving vehicle+trailer to burn, traffic was backed up. We attempted to ~~locate~~ part at a autopart store but found this is ~~sold~~ a dealer only item.

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