



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 241

Date Received

Repository ☐

Reference No.

10095529

OWNER INFORMATION (Type or Print)

Name

Address

City

WAXAHACHIE

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of a signature, your name or address to the vehicle manufacturer.

Signature of Owner

Date 10/20/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

PLEASE FILL IN

1B7HC13Z81J

Make

DODGE

Model

RAM 1500

Model Year

2001

Date Purchased

15-SEP-02

Dealer's Name and Telephone Number

RANDALL NOE DODGE 972-524-5488

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

TERRILL

State

TX

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

AUTOMATIC

☒ Cruise Control

REAR WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-SEP-2004

Failure Mileage

35000

Failure Speed

50 MPH

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: DOTM19ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

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).

THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION OF 70 MPH AND THE AIR BAG FAILED TO DEPLOY. THE DRIVER WAS TRANSPORTED TO THE LOCAL HOSPITAL BY AMBULANCE. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.