



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 100222

Date Received
2004 DEC 21 AM 10:47
23-NOV-2004
Repository ☐
Reference No.
10101576

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SAN BERNARDINO State CA 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 12/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 285WB35261
Make: DODGE Model: RAM Model Year: 2001
Date Purchased: _____ Dealer's Name and Telephone Number: (951) 678-6200
17055 MATIAS 8151 AUTO ANALYST (951) 243-7440
Engine: No. Cylinders: 8 Fuel Type: Diesel
Original Owner ☒ Dealer's City: Riverside CA State: CA Zip Code: 92504
Transmission Type: AUTOMATIC ☒ Antilock Brakes ☒ Powertrain: UNKNOWN
☒ Cruise Control
Vehicle Component Code: 103000 POWER TRAIN;AUTOMATIC TRANSMISSION
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-NOV-2003 Failure Mileage: 36000 Failure Speed: _____

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: DOTM1SABC036) ☐ 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(es).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(es).
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 SLIPPED OUT OF GEAR AND THE BODY SEPARATED FROM THE CHASSIS ON THE PASSENGER SIDE FRONT. *JB
Cause: Control Malfunction: Vehicle will not start in Park. Gear
Linkage is not in order. Park, Drive, Neutral and Reverse will only
start in Neutral - I reported defects to Aviation Board. No results
from ROK of Vehicle Stalling on freeway on possible fire due
to faulty construction. Vehicle is under extended warranty
until 2006.

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.

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

Vehicle goes from Low to High gear without shifting
will only start in Neutral gear, I had Repairs
Still doing same thing. Body Sagging. I Am
making a Month by Payments on a Family Truck!
I want to get out of Bad Contract. I don't want
Accident close to poor work and sleep! I will forward
All Receipts and work done in Vehicle in Addressed
ENVELOPES.

12-9-04

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 78173 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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

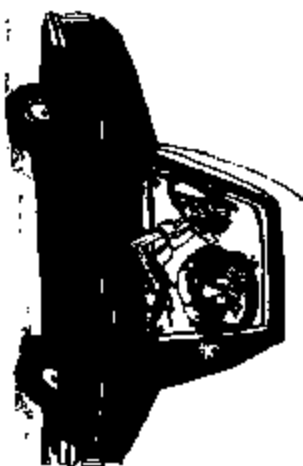
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration

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BE SEATED ON ONE SIDE AND THE BODY REARWARD FROM THE CENTER ON THE PASSENGER SIDE (FRONT). DO NOT ATTEMPT TO REARWARD FROM THE CENTER ON THE PASSENGER SIDE (FRONT). DO NOT ATTEMPT TO REARWARD FROM THE CENTER ON THE PASSENGER SIDE (FRONT). DO NOT ATTEMPT TO REARWARD FROM THE CENTER ON THE PASSENGER SIDE (FRONT).

1. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.	2. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.	3. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.
4. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.	5. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.	6. MAKE SURE THE VEHICLE IS IN PARK AND THE ENGINE IS OFF.
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REARWARDING A CHILD SEAT REARWARD

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Safety Act.

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Ask the ment.

Contact

ons listed the VIN

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me, you may stration, 400 327-4236.

you for your

Operations Corporation Code D20 10 days

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