Form Approved: O.M.B. No. 2127-0008

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 | |
|---|---|
| Date Received: 2005 FEB -9 AM 5:23 | Od_or ___ ___<br>rt dt ___ ___<br>od. rt ___ ___<br>up_ltr ___ ___ |
| | Reference No.: 10111541 |

## OWNER INFORMATION (Type or Print)

Name: [redacted]

Street No.: [redacted] Apt. No.:

City: Tulare State: CA Zip Code: [redacted]

Daytime Telephone Number: [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: 1/18/05

## PRODUCT INFORMATION

| Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side) | Make | Model | Year |
|---|---|---|---|
| 3 D 7 K A 2 6 C 5 4 G [redacted] | Dodge | 2500 | 2004 |

| Purchased Date | Dealer's Name | | | Engine Size (CID/CC/L) | |
|---|---|---|---|---|---|
| April 04 ☐ New ☐ Used | Surroz Motors | | | No. Cylinders 6 | ☑ Turbo ☑ Diesel ☐ Gas ☐ Fuel Injection |
| | Dealer's City: Visalia | State: CA | Zip Code: 93277 | | |

| Manufacture Date (on driver's door or pilar) | Transmission Type | Restraint System | Cruise Control | Drivetrain | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| 3-04 | ☐ Manual ☑ Automatic | ☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt | ☐ Yes ☐ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Utility ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| | Part Name(s) | Location | Failed Part(s) | Handicap Adaptive Equip |
|---|---|---|---|---|
| | | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement | ☐ Yes ☐ No |

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| Tire Brand | Tire Name |
|---|---|
| Complete Tire Size | DOT No. |

| No. of Failures | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s): | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No |

## APPLICABLE INCIDENT INFORMATION

*(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)*

| Crash | Fire | Number of Persons Injured | Number of Fatalities | Reported to Manufacturer |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | One | None | ☒ Yes ☐ No |

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

The truck is being driven by an employee to deliver parts to our farm customers. He stopped out at a field put the truck in park and got out. He heard a noise and turned around to see the truck moving. He went to get in it--but the door knocked him down and truck ran over his right leg and arm. He had massive bruises and then developed an infection. This happened on October 5, 2004. He is still off work as of this date 01-18-05.

Continue on back.

**The Privacy Act of 1974 - Public Law 93-579** *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

**Mail postage free or fax to 202-366-7882**