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
17-MAR-2005 2005 APR 18 AM 11:27	Reference No. 10115347

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City GRAYSLAKE	State IL	Zip Code	

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 specification, NHTSA will not disclose your name or address to the vehicle manufacturer.
Signature of Owner Date 4/1/05

VEHICLE INFORMATION

17-digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
2B4JB25YX2K	DODGE	RAM	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
5/21/02	Sandy McVig Chrysler 847-587-6473			No. Cylinders 8	Gas
Original Owner [X]	Dealer's City Fox Lake	State IL	Zip Code 60020		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	REAR WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-JAN-2005	3000		

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: DOTMALSABC036)	[ ] 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 order 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	0		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).

WHEN ENGAGING THE CRUISE CONTROL IT WOULD INTERMITTENTLY CAUSE THE VERICLE TO SHIFT AND ADVANCE TO A HIGHER SPEED. DEALER WAS NOTIFIED VIA PHONE. THE DEALER OR A REPAIR SHOP MADE NO INSPECTION AT THIS TIME."AK

This situation, of acceleration, has happened a number of times in the past 3 years. The cruise control was recently "fixed" but that was because it didn't work at all!

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