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

2005 NOV -2 PM 2:43

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
08-SEP-2005	Reference No. 10135900

OWNER INFORMATION (Type or Print)

Name [redacted]			
Address [redacted]			
City CLINT	State TX	Zip Code [redacted]	Daytime Telephone Number [redacted] / Evening Telephone Number [redacted]
			E-mail Address

Do you authorize [redacted] manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3B7HC13Z41G[redacted]	DODGE	RAM 1500	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-OCT-02	DICK POE			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City EL PASO	State TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	012000 STEERING:COLUMN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-JUL-2005	56300	45	

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 separate or detail the Incident(s), Fire(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2		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).

DT: 2001 DODGE RAM 1500 EXTENDED CAB PICK UP TRUCK. CONSUMER'S VEHICLE WAS INVOLVED IN A HEAD ON COLLISION WHILE DRIVING 45 MPH. THIS HAPPENED ABOUT 1 MONTH AGO. DRIVER OF OTHER VEHICLE LOST CONTROL OF VEHICLE AT 60 MPH ON A WET SURFACE. UPON IMPACT, THE AIR BAGS DEPLOYED , AND PUSHED THE BRAKES DOWN ,AND AT THE TIME OF IMPACT, THE CONSUMER FELT SOMETHING HIT HIM IN THE CHEST. DID NOT KNOW WHAT HIT HIM, BUT ONCE THE CONSUMER LOOKED HE DISCOVERED THAT THE STEERING COLUMN BRACKET SHEARED OFF DURING THE IMPACT ,AND THE STEERING WHEEL WENT UNDER THE AIR BAG HITTING THE CONSUMER'S LOWER RIGHT RIB CAGE. THE INSURANCE INSPECTOR DID NOT REALLY PAY MUCH ATTENTION TO THE STEERING WHEEL BRACKET THAT SHEARED OFF DURING THE CRASH. THE CONSUMER HAS PHOTOS OF THE CRASH, AND A POLICE REPORT WAS TAKEN. *AK

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

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

THE ACCIDENT OCCURED AS DESCRIBED IN PREVIOUS PAGE. IN ADDITION, THE FOLLOWING INJURIES WERE SUSTAINED:

(1) THE AIRBAG DEPLOYMENT LOOSENED THE UPPER BRIDGE IN MY MOUTH PLUS CAUSING LATER DEVELOPING PAINS AND BRUISES ON MY UPPER CHEST AND NECK.

(2) THE STEERING WHEEL DID FRACTURE THREE (3) RIBS ON THE LOWER RIGHT PORTION OF MY RIB CAGE.

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

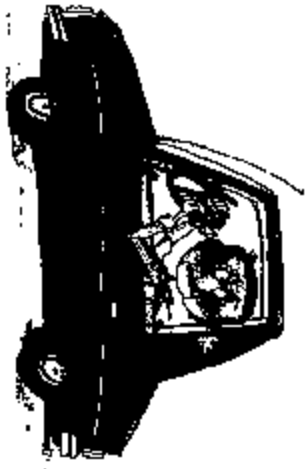
EL PASO TX 799
PM
20 OCT
2005

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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

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and dial toll free at

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