



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 100148

Date Received  
2005 NOV 29  
17-OCT-2005

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**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City **HERNANDO** State **FL** Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
**3D7MU48G** \_\_\_\_\_ Make **DODGE** Model **RAM 3500** Model Year **2003**

Date Purchased **24-SEP-05** Dealer's Name and Telephone Number **ORANGE AUTO SALES 407-298-2670** Engine: No. Cylinders **6** Fuel Type: **Diesel**

Original Owner  Dealer's City **ORLANDO** State **FL** Zip Code **32810**

Transmission Type  Antilock Brakes  Cruise Control Powertrain **4 WHEEL DRIVE** Vehicle Component Code **160000 STRUCTURE**  
AUTOMATIC Multiple Failure: **1**

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

Incident Date(s) **16-OCT-2005** Failure Mileage **75700** 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: DOTM4SABC096)  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 **0** Number of Deaths **0** Reported to Police **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).

DT: THE CONTACT OWNS A 2003 DODGE 3500. WHEN HE BOUGHT THE VEHICLE HE WAS TOLD THIS TRUCK WAS IN GOOD CONDITION. THE CONTACT TOOK THE VEHICLE TO DEALER TO HAVE RUNNING BOARDS PUT ON AND THE MECHANIC TOLD HIM THAT THE TWO BOLTS THAT HOLD THE CAB ON THE FRAME WERE MISSING. \*AK

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)

The DEALER CONTACTED FORMER OWNER OF VEHICLE AND OBTAINED THE (4) CAR TO FRAME BOLTS OWNER REMOVED WHEN TAKING OFF RUNNING BOARDS (SIDES) AND HAD NOT REINSTALLED THEM. I'VE RECEIVED THE BOLTS AND INSTALLED THEM MYSELF.

THANK YOU FOR HELPING IN THE MATTER



PS PLEASE EXCUSE THE WRITING I HAVE DAMAGES IN MY HANDS & FINGERS

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 79179 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

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