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? 02-NOV-2005 7

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
	Reference No. 10141537

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City WINONA	State MO	Zip Code [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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7HC13Z0XJ[redacted]	DODGE	RAM 1500	1999

Date Purchased	Dealer's Name and Telephone Number	Dealer's City	State	Zip Code	Engine:	Fuel Type:
31 ~~01~~-MAR-01	BLACK WELL BALDWIN ~~DODGE JEEP~~ Chevrolet (573)686-0893	POPLAR BLUFF	MO		No: Cylinders 8	Gas
Original Owner ☐						

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	103500 POWER TRAIN:AUTOMATIC TRANSMISSION:LEVER AND LIN Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-JAN-2005	~~29000~~ 32000	~~55~~ 25

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 describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported ~~to~~ Police
☐ Yes ☒ No	☐ Yes ☒ No	0	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).

DT: THE CONTACT COMPLAINED ABOUT AN AUTOMATIC TRANSMISSION PROBLEM. THE TRANSMISSION WAS SLIPPING OUT OF DRIVE. WHEN THE VEHICLE WAS TAKEN TO THE DEALERSHIP THEY REPLACED THE TRANSMISSION UNDER WARRANTY. THE TRANSMISSION STARTED SLIPPING GEARS AGAIN. IT WAS EXPERIENCING THE SAME SYMPTOMS AS BEFORE. SHE HAS NOT TAKEN THE VEHICLE TO DEALER AT THIS TIME. *AK

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