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	Repository
2006 JAN 11 PM 1:40 12-DEC-2005	Reference No. 10144861

OWNER INFORMATION (Type or Print)

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

Do you authorize [redacted] manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/20/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
3D7KA28CX4G[redacted]	DODGE	RAM 2500	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-DEC-03	HUFFINES CHRYSLER JEEP DODGE 972-434-1746			No. Cylinders 6	Diesel
Original Owner ☒	Dealer's City: LEWISVILLE	State: TX	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-JUN-2005	40000		

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: DOTMA19ABC036)	☐ 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), if any(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1		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 STATES THERE IS NHTSA RECALL CAMPAIGN 05V462000 CONCERNING THE AUTOMATIC TRANSMISSION. THIS VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL, BUT IT IS NOT INCLUDED IN THE RECALL DUE TO VIN. THE CONTACT SUSTAINED AN INJURIES. THE VEHICLE ROLLED BACK WHILE THE CONTACT WAS ARRANGING ITEMS IN THE CARGO AREA, AND INJURED HIS LEG. THE VEHICLE HAS NOT BEEN SEEN BY A DEALER. *AK I STOPPED VEHICLE TO REARRANGE SOME BAGS IN CARGO AREA. WHILE IN THE TRUCK BOX THE VEHICLE STARTED MOVING BACKWARDS. I JUMPED FROM TRUCK BOX AND TRIED TO GET INSIDE VEHICLE TO BRING IT TO A HALT. I WAS KNOCKED DOWN AND THE VEHICLE RAN OVER & INJURED MY RIGHT KNEE.

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