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
31-JAN-2006	☐
Reference No. 10149149	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City BRANDON	State MS	Zip Code [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an a[redacted]ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 02/06/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7HC16X41S[redacted]	DODGE	RAM 1500	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-FEB-05	YAZOO MOTOR COMPANY			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City YAZOO	State MS	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-JAN-2006	91517	50

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	1	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 STATED WHILE DRIVING AT 50MPH CONTROL OF THE VEHICLE WAS LOST CAUSING IT TO CRASH INTO A TREE. UPON IMPACT THE FRONTAL AIRBAGS FAILED TO DEPLOY. ALTHOUGH THE CONTACT WAS WEARING THE SEAT BELT THERE WERE INJURIES SUSTAINED TO THE NECK AND HEAD. THE VEHICLE WAS DRIVEN AWAY FROM THE CRASH SITE. THE VEHICLE HAS NOT BEEN INSPECTED.

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