

| INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                         |       | FOR AGENCY USE ONLY 100148                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|----------|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |       | Date Received<br>05-FEB-2014                                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | Repository <input type="checkbox"/><br>Reference No.<br>10563148 |          |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                         |       |                                                                  |          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Address                                                                                                                                                 |       | Daytime Telephone Number                                         |          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State                                                                                                                                                   |       | Evening Telephone Number                                         |          |
| VALLEY MILLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TX                                                                                                                                                      |       |                                                                  |          |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                   |  |                                                                                                                                                         |       |                                                                  |          |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                         |       |                                                                  |          |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                         | Make  |                                                                  | Model    |
| 3C63DRGL2CG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                         | DODGE |                                                                  | RAM 3500 |
| Model Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Engine:                                                                                                                                                 |       | Fuel Type:                                                       |          |
| 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | No. Cylinders                                                                                                                                           |       |                                                                  |          |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Dealer's Name and Telephone Number                                                                                                                      |       | Incident Date(s)                                                 |          |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Dealer's City                                                                                                                                           |       | 05-FEB-2014                                                      |          |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | State                                                                                                                                                   |       | Zip Code                                                         |          |
| <input type="checkbox"/> Antilock Brakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Powertrain                                                                                                                                              |       | Multiple Failure:                                                |          |
| <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                         |       |                                                                  |          |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                         |       |                                                                  |          |
| Vehicle Component Codes: 010000 STEERING, 010000 STEERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                         |       | Failure Mileage                                                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | Failure Speed                                                    |          |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                         |       |                                                                  |          |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Tire Model (Name or Number)                                                                                                                             |       | Tire Size (Example P215/65R15)                                   |          |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Original Equipment                                                                                                             |       | Failure Location:                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Prior Repair                                                                                                                   |       |                                                                  |          |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                         |       | Tire Failure Type:                                               |          |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                         |       |                                                                  |          |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date Manufactured:                                                                                                                                      |       | Model No./Name:                                                  |          |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Installation System:                                                                                                                                    |       |                                                                  |          |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Failed Part:                                                                                                                                            |       |                                                                  |          |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                         |       |                                                                  |          |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                         |       |                                                                  |          |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Fire                                                                                                                                                    |       | Number of Persons Injured                                        |          |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                     |       | 0                                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | Number of Deaths                                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | 0                                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | Reported to Police                                               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                         |       | N                                                                |          |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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).                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                         |       |                                                                  |          |
| TL* THE CONTACT OWNS A 2012 DODGE RAM 3500 HD. THE CONTACT STATED THAT SHE ATTEMPTED TO HAVE THE VEHICLE REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 13V529000 (STEERING) BUT WAS INFORMED THAT THE PARTS WERE NOT AVAILABLE. THE CONTACT FELT THAT SINCE THE FAILURE WAS REPORTED IN NOVEMBER OF 2013, THERE SHOULD HAVE BEEN A REMEDY AVAILABLE BEFORE FEBRUARY OF 2014. THE CONTACT STATED THAT THE MANUFACTURER HAD EXCEEDED A REASONABLE TIME FOR REPAIR. THE CONTACT HAD NOT EXPERIENCED A FAILURE.                                                                                 |  |                                                                                                                                                         |       |                                                                  |          |
| 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)

Vehicle repaired - see attached

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

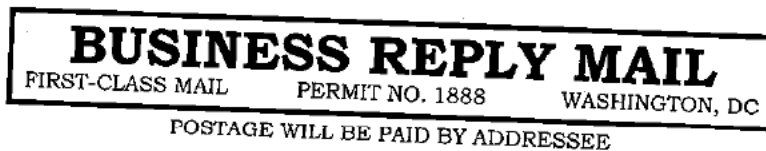
National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE,  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle  
has a safety defect?



If so:  
Use the enclosed  
form to file a report.

or visit:  
**www.safercar.gov**

or call:  
**Vehicle Safety Hotline**  
**888-327-4236**



Vehicle Operations Administration (DO)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

# CUSTOMER COPY



PO Box 739  
Gatesville TX 76528

Phone:

02/19/2014 11:13:32

|                                                                      |                                      |                                   |                  |                                  |                          |
|----------------------------------------------------------------------|--------------------------------------|-----------------------------------|------------------|----------------------------------|--------------------------|
| Customer No. 340988                                                  | License #                            | Stock # H12N2400                  | Dealer # 60436   | Invoice Date 02/19/2014          | Invoice # 42011          |
| Customer Name & Address<br>[REDACTED]<br>VALLEY MILLS, TX [REDACTED] | Mileage In 33829                     | Mileage Out 33829                 | Lot #/Hat # 6351 | Color BLACK                      | Delivery Date 01/30/2013 |
|                                                                      | Year/Make/Model 2012 RAM RAM 3500 ST |                                   |                  | Prod Date / /                    | R.O. Date 02/19/2014     |
|                                                                      | Vehicle ID # 3C63DRGL2CC [REDACTED]  |                                   |                  | Tech & #                         | P.O. #                   |
|                                                                      | Override                             |                                   |                  | Service Write Up EVERETT MULCAHY |                          |
| Extended Warranty Co.                                                | Policy #                             | Deductible                        | Auth. #          | Adjustor                         |                          |
| Residence Phone [REDACTED]                                           | Business Phone [REDACTED]            | Service Writer Delivery Signature |                  |                                  |                          |

Type: W JOB #1 Tech: JOSE FACUNDO

Complaint: RECALL N-49

Correction: REPLACE STEERING LINKAGE SET TOE AND CENTER STEERING WHEEL

|                  |                   |        |
|------------------|-------------------|--------|
| Part: CBUEN491AA | PACKAGE-OUTER END | Qty: 1 |
| Part: CBUEN492AA | NUT-NONE          | Qty: 1 |

Type: I JOB #2 Tech:

Complaint: CUSTOMER STATES AIR BAG LIGHT STAYS ON

Correction: FOUND STORED CODE B0028-13 FOR RIGHT SIDE SEAT DEPLOYMENT SQUIB OPEN CLEARED DTC TEST DROVE LIGHT DID NOT COME BACK ON

Type: I JOB #3 Tech:

Complaint: PERFORM MULTI POINT INSPECTION

Correction: COMPLETED INSPECTION SEE RESULTS

Type: I JOB #4 Tech:

MD Codes: ST100

Complaint: EXTERIOR WASH ONLY

Correction: COMPLETED

Misc: FREE WASH

**CUSTOMER TOTALS: \$0.00**

IT IS OUR GOAL TO ASSIST YOU IN MAINTAINING YOUR VEHICLE WITH FACTORY RECOMMENDED MAINTINANCE. WE WILL ALSO OFFER COMPETITIVE PRICES ON ALL YOUR MAINTINANCE NEEDS. IF WE FAIL TO MEET YOUR EXPECTATIONS PLEASE LET US KNOW.

|                       |  |                                                                         |                    |
|-----------------------|--|-------------------------------------------------------------------------|--------------------|
| Extended Warranty Pay |  | All labor charges are billed on flat rate hours unless otherwise noted. | Total Customer Pay |
|-----------------------|--|-------------------------------------------------------------------------|--------------------|

