

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
02-JUN-2015	Reference No. 10723028

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City ELKRIDGE	State MD	Zip Code

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3B7MF33C62M	Make DODGE	Model RAM 3500	Model Year 2002
Date Purchased	Dealer's Name and Telephone Number HUFFINES 977-939-7090	Engine: No: Cylinders 6.	Fuel Type: Diel
Original Owner <input checked="" type="checkbox"/>	Dealer's City COWESVILLE	State TX	Zip Code 75067
Transmission Type MANUAL	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain 5.9 Cummins Diesel	Multiple Failure: Tie Rod
			Incident Date(s) 13-DEC-2004 March 16 2006

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 010000 STEERING, 100000 POWER TRAIN	Failure Mileage 17000	Failure Speed 30
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make BF Goodrich	Tire Model (Name or Number)	Tire Size (Example P215/65R15) 265-70R16
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: ST. THOMAS DSVI
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police Y
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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).

TL* THE CONTACT OWNS A 2002 DODGE RAM 3500. WHILE TRAVELING APPROXIMATELY 30 MPH AND MAKING A RIGHT TURN, THE STEERING WHEEL FAILED TO RESPOND AND WOULD NOT TURN. AS A RESULT, THE CONTACT CRASHED INTO A ROCK CAUSING THE VEHICLE TO FLIP ONTO THE PASSENGER SIDE. THE DRIVER SIDE AIR BAG DEPLOYED, BUT THE FRONT PASSENGER SIDE AIR BAG DID NOT. THE DRIVER SUSTAINED HEAD AND BACK INJURIES AND LACERATIONS TO THE ARMS. THE FRONT PASSENGER SUSTAINED HEAD INJURIES, CUTS, AND ABRASIONS TO THE ARM FROM THE GLASS. BOTH OCCUPANTS REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A SALVAGE YARD. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND INSTRUCTED THE CONTACT TO TAKE THE VEHICLE TO AN AUTHORIZED DEALER. THE VEHICLE WAS NOT DIAGNOSED. THE VEHICLE WAS TAKEN TO A REPAIR SHOP AUTHORIZED BY THE INSURANCE COMPANY, WHICH INDICATED THAT THE DRIVER SIDE TIE ROD, THE STEERING MECHANISM, AND THE DRIVE TRAIN FRACTURED ON THE DRIVER SIDE. THE CONTACT MENTIONED THAT THE DEFECTIVE PARTS WERE REPAIRED SIX YEARS BEFORE THE VEHICLE WAS INCLUDED IN AN UNKNOWN MANUFACTURER RECALL. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 17,000.

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 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)

Dodge Chrysler Claim # [REDACTED]

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

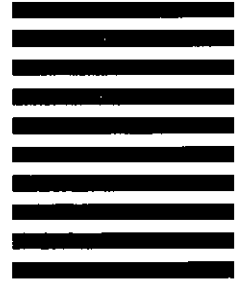
Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC
POSTAGE WILL BE PAID BY ADDRESSEE

**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 Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

