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

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
28-AUG-2015	Reference No. 10759908

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City ALTON	State VI	Zip Code	Evening Telephone Number

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	Make	Model	Model Year
3D7KU26D34G	DODGE	RAM 1500	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-29-2011	Elliott's Auto Sales 434-572-4010			No: Cylinders	gas
Original Owner ☐	Dealer's City South Boston	State VA	Zip Code 24592	8	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control	4 wheel drive	Left Control Arm And Air Bag	24-AUG-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 010000 STEERING, 140000 AIR BAGS	Failure Mileage	Failure Speed
	140,687	35

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 Iniured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

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 2004 DODGE RAM 1500. WHILE DRIVING DOWN A HILL AT 35 MPH, THE VEHICLE STARTED TO SHAKE, PULL TO THE LEFT, AND CRASHED INTO A TREE. THE AIR BAGS FAILED TO DEPLOY WITHOUT WARNING. THE DRIVER SUSTAINED MULTIPLE INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A SALVAGE YARD, WHERE THE INSURANCE COMPANY DEEMED THE VEHICLE DESTROYED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS NOT PROVIDED. 8-28 Owner filed complaint #10759908.. On 9-3-15 owner called to give you location of vehicle - IAA, 1250 E Main, Pulaski, VA 24301 - Call Adjuster - Simon Darley - 800 877-0600 ext 7112 - vehicle would be kept 30 days. Owner called FCA - Case had not been esculated at that time - on 9-14-15. Vehicle also had recall - R25/NHTSA 15V-313 - driver air bag

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

Revised Report ◯

Commonwealth of Virginia • Department of Motor Vehicles

Police Crash Report

FR300P (Rev 1/12)

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CRASH

GPS Lat.	GPS Long.
36.931196	-78.945689

Crash Date	Day of Week	MILITARY Time (24 hr clock)	County of Crash	Official DMV Use
08/24/2015	Monday	23:15	HALIFAX COUNTY	152395003

City of / Town of — City or Town Name — Landmarks at Scene

Location of Crash (route/street) [redacted]

Railroad Crossing ID no. (if within 150 ft.) — Local Case Number [redacted]

At Intersection With or 0.25 ✓ Miles ◯ Feet — N ◯ S ◯ E ✓ W ◯ of Location of Crash (route/street) [redacted]

Mile Marker Number — Number of Vehicles: 1

VEHICLE # 1

DRIVER

Driver Fled Scene ◯

Driver's Name (Last, First, Middle) [redacted] — Gender ✓

Address (Street and Number) [redacted]

City	State	ZIP
HALIFAX	VA	[redacted]

Birth Date	Drivers License Number	State	DL	CDL
[redacted]	[redacted]	VA	✓	◯

Safety Equip. Used	Air Bag	Ejected	Date of Death	Injury Type	EMS Transport
8	2	1		6	✓

Summons Issued As Result of Crash: 1 — Offenses Charged to Driver: 46.853

VEHICLE

Vehicle Owner's Name (Last, First, Middle) [redacted] — Same as Driver ◯

Address (Street and Number) [redacted]

City	State	ZIP
ALTON	VA	[redacted]

Vehicle Year	Vehicle Make	Vehicle Model	Disabled	CMV	Towed
2004	DODGE	RAM 2500 ST	✓	◯	✓

Vehicle Plate Number	State	Approximate Repair Cost
[redacted]	VA	4500

VIN: 3D7KU26D34G[redacted] — Oversize ◯ Cargo Spill ◯

Name of Insurance Company (not agent): DONEGAL MUTUAL INSURANCE — Override ◯ Underride ◯

Speed Before Crash	Speed Limit	Maximum Safe Speed	ALL Passengers Age Count: Under 8	8-17	18-21	Over 21
40	55	35	0	0	0	0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender

VEHICLE

DRIVER

Driver Fled Scene ◯

Driver's Name (Last, First, Middle) — Gender ◯

Address (Street and Number)

City	State	ZIP

Birth Date	Drivers License Number	State	DL	CDL
			◯	◯

Safety Equip. Used	Air Bag	Ejected	Date of Death	Injury Type	EMS Transport
					◯

Summons Issued As Result of Crash — Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) — Same as Driver ◯

Address (Street and Number)

City	State	ZIP

Vehicle Year	Vehicle Make	Vehicle Model	Disabled	CMV	Towed
			◯	◯	◯

Vehicle Plate Number	State	Approximate Repair Cost

VIN — Oversize ◯ Cargo Spill ◯

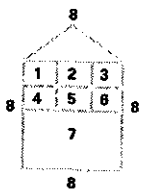
Name of Insurance Company (not agent) — Override ◯ Underride ◯

Speed Before Crash	Speed Limit	Maximum Safe Speed	ALL Passengers Age Count: Under 8	8-17	18-21	Over 21

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender

Codes



POSITION IN/ON VEHICLE
1. Driver
2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
9-98. All Other Passengers

SAFETY EQUIPMENT USED
1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG
1. Deployed – Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed – Side
7. Deployed – Other (Knee, Air Belt, etc.)
8. Deployed – Combination

EJECTED FROM VEHICLE
1. Not Ejected
2. Partially Ejected
3. Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH
1. Yes
2. No
3. Pending

INJURY TYPE
1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
DONALD HUGHES	7461	VIRGINIA STATE POLICE	Jeremy Smith	08/24/2015

Officer Initials DH Badge # 7461

Commonwealth of Virginia • Department of Motor Vehicles

Police Crash Report

FR300P (Rev 1/12)

Revised Report ◯

CRASH

Crash Date (MM DD YYYY)	MILITARY Time (24 hr clock)	County of Crash
08/24/2015	23:15	HALIFAX COUNTY

◯ City of ◯ Town of

Local Case Number: [redacted]

DRIVER INFORMATION

Veh	Veh
1	

Driver's Action P1

◯ 1. No Improper Action
◯ 2. Exceeded Speed Limit
◯ 3. Exceeded Safe Speed But Not Speed Limit
◯ 4. Overtaking On Hill
◯ 5. Overtaking On Curve
◯ 6. Overtaking at Intersection
◯ 7. Improper Passing of School Bus
◯ 8. Cutting In
◯ 9. Other Improper Passing
◯ 10. Wrong Side of Road – Not Overtaking
◯ 11. Did Not Have Right-of-Way
◯ 12. Following Too Close
◯ 13. Fail to Signal or Improper Signal
◯ 14. Improper Turn – Wide Right Turn
◯ 15. Improper Turn – Cut Corner on Left Turn
◯ 16. Improper Turn From Wrong Lane
◯ 17. Other Improper Turn
◯ 18. Improper Backing
◯ 19. Improper Start From Parked Position
◯ 20. Disregarded Officer or Flagger
◯ 21. Disregarded Traffic Signal
◯ 22. Disregarded Stop or Yield Sign
◯ 23. Driver Distraction
◯ 24. Fail to Stop at Through Highway – No Sign
◯ 25. Drive Through Work Zone
◯ 26. Fail to Set Out Flares or Flags
◯ 27. Fail to Dim Headlights
◯ 28. Driving Without Lights
◯ 29. Improper Parking Location
◯ 30. Avoiding Pedestrian
◯ 31. Avoiding Other Vehicle
◯ 32. Avoiding Animal
◯ 33. Crowded Off Highway
◯ 34. Hit and Run
◯ 35. Car Ran Away – No Driver
◯ 36. Blinded by Headlights
◯ 37. Other
◯ 38. Avoiding Object in Roadway
◯ 39. Eluding Police
✓ 40. Fail to Maintain Proper Control
◯ 41. Improper Passing
◯ 42. Improper or Unsafe Lane Change
◯ 43. Over Correction

Condition of Driver Contributing to the Crash P2

✓ 1. No Defects
◯ 2. Eyesight Defective
◯ 3. Hearing Defective
◯ 4. Other Body Defects
◯ 5. Illness
◯ 6. Fatigued
◯ 7. Apparently Asleep
◯ 8. Other
◯ 9. Unknown

Veh	Veh
1	

Driver Vision Obscured P3

✓ 1. Not Obscured
◯ 2. Rain, Snow, etc. on Windshield
◯ 3. Windshield Otherwise Obscured
◯ 4. Vision Obscured by Load on Vehicle
◯ 5. Trees, Crops, etc.
◯ 6. Building
◯ 7. Embankment
◯ 8. Sign or Signboard
◯ 9. Hillcrest
◯ 10. Parked Vehicle(s)
◯ 11. Moving Vehicle(s)
◯ 12. Sun or Headlight Glare
◯ 13. Other
◯ 14. Blind Spot
◯ 15. Smoke/Dust
◯ 16. Stopped Vehicle(s)

Type of Driver Distractions P4

◯ 1. Looking at Roadside Incident
◯ 2. Driver Fatigue
◯ 3. Looking at Scenery
◯ 4. Passenger(s)
◯ 5. Radio/CD, etc.
◯ 6. Cell Phone
◯ 7. Eyes Not on Road
◯ 8. Daydreaming
◯ 9. Eating/Drinking
◯ 10. Adjusting Vehicle Controls
◯ 11. Other
◯ 12. Navigation Device
◯ 13. Texting
✓ 14. No Driver Distraction

Drinking P5

✓ 1. Had Not Been Drinking
◯ 2. Drinking – Obviously Drunk
◯ 3. Drinking – Ability Impaired
◯ 4. Drinking – Ability Not Impaired
◯ 5. Drinking – Not Known Whether Impaired
◯ 6. Unknown

Method of Alcohol Determination (by police) P6

✓ 1. Blood
◯ 2. Breath
◯ 3. Refused
◯ 4. No Test

Drug Use P7

◯ 1. Yes
✓ 2. No
◯ 3. Unknown

VEHICLE INFORMATION

Veh	Veh
1	

Vehicle Maneuver V1

◯ 1. Going Straight Ahead
◯ 2. Making Right Turn
◯ 3. Making Left Turn
◯ 4. Making U-Turn
◯ 5. Slowing or Stopping
◯ 6. Merging Into Traffic Lane
◯ 7. Starting From Parked Position
◯ 8. Stopped in Traffic Lane
◯ 9. Ran Off Road – Right
✓ 10. Ran Off Road – Left
◯ 11. Parked
◯ 12. Backing
◯ 13. Passing
◯ 14. Changing Lanes
◯ 15. Other
◯ 16. Entering Street From Parking Lot

Skidding Tire/Mark V2

◯ 1. Before Application of Brakes
◯ 2. After Application of Brakes
◯ 3. Before and After Application of Brakes
✓ 4. No Visible Skid Mark/Tire Mark

Vehicle Body Type V3

◯ 1. Passenger car
✓ 2. Truck – Pick-up/Passenger Truck
◯ 3. Van
◯ 4. Truck – Single Unit Truck (2-Axles)
◯ 7. Motor Home, Recreational Vehicle
◯ 8. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment
◯ 9. Bicycle
◯ 10. Moped
◯ 11. Motorcycle
◯ 12. Emergency Vehicle (Regardless of Vehicle Type)
◯ 13. Bus – School Bus
◯ 14. Bus – City Transit Bus/Privately Owned Church Bus
◯ 15. Bus – Commercial Bus
◯ 16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.
◯ 18. Special Vehicle – Farm Machinery
◯ 19. Special Vehicle – ATV
◯ 21. Special Vehicle – Low-Speed Vehicle
◯ 22. Truck – Sport Utility Vehicle (SUV)
◯ 23. Truck – Single Unit Truck (3 Axles or More)
◯ 25. Truck – Truck Tractor (Bobtail-No Trailer)

Veh	Veh
1	

Vehicle Damage V4

◯ 1. Unknown
◯ 2. No damage
◯ 3. Overturned
◯ 4. Motor
◯ 5. Undercarriage
◯ 6. Totaled
◯ 7. Fire
✓ 8. Other

Vehicle Condition V5

◯ 1. No Defects
◯ 2. Lights Defective
◯ 3. Brakes Defective
✓ 4. Steering Defective
◯ 5. Puncture/Blowout
◯ 6. Worn or Slick Tires
◯ 7. Motor Trouble
◯ 8. Chains In Use
◯ 9. Other
◯ 10. Vehicle Altered
◯ 11. Mirrors Defective
◯ 12. Power Train Defective
◯ 13. Suspension Defective
◯ 14. Windows/Windshield Defective
◯ 15. Wipers Defective
◯ 16. Wheels Defective
◯ 17. Exhaust System

Special Function Motor Vehicle V6

✓
◯ 1. No Special Function
◯ 2. Taxi
◯ 3. School Bus (Public or Private)
◯ 4. Transit Bus
◯ 5. Intercity Bus
◯ 6. Charter Bus
◯ 7. Other Bus
◯ 8. Military
◯ 9. Police
◯ 10. Ambulance
◯ 11. Fire Truck
◯ 12. Tow Truck
◯ 13. Maintenance
◯ 14. Unknown

EMV in service V7

✓
◯ 1. Yes
◯ 2. No

Truck Cover V8

✓
◯ 1. Yes
◯ 2. No

CRASH

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of / Town of	Local Case Number
08/24/2015	23:15	HALIFAX COUNTY		[redacted]

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1
- ✓ 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

Weather Condition C2
- ✓ 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

Light Conditions C3
- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness –Road Lighted
- ✓ 5. Darkness –Road Not Lighted
- 6. Darkness –Unknown Road Lighting
- 7. Unknown

Traffic Control Device C4
- 1. Yes – Working
- 2. Yes – Working and Obscured
- 3. Yes – Not Working
- 4. Yes – Not Working and Obscured
- 5. Yes – Missing
- ✓ 6. No Traffic Control Device Present

Traffic Control Type C5
- ✓ 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed – School Zone
- 16. Reduced Speed – Work Zone
- 17. Highway Safety Corridor

Roadway Alignment C6
- 1. Straight – Level
- 2. Curve – Level
- 3. Grade – Straight
- ✓ 4. Grade – Curve
- 5. Hillcrest – Straight
- 6. Hillcrest – Curve
- 7. Dip – Straight
- 8. Dip – Curve
- 9. Other
- 10. On/Off Ramp

Roadway Surface Condition C7
- ✓ 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

Roadway Surface Type C8
- 1. Concrete
- ✓ 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

Roadway Description C9
- ✓ 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

Roadway Defects C10
- ✓ 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

Relation to Roadway C11

Interchange Area:
- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

Intersection Area:
- ✓ 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

Other Location:
- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

Intersection Type C12
- ✓ 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

Work Zone C13
- 1. Yes
- ✓ 2. No

Work Zone Workers Present C14
- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

Work Zone Location C15
- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

Work Zone Type C16
- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

School Zone C17
- 1. Yes
- 2. Yes - With School Activity
- ✓ 3. No

Type of Collision C18
- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe – Same Direction
- 5. Sideswipe – Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- ✓ 9. Fixed Object – Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other

Officer Initials DH Badge # 7461

Commonwealth of Virginia • Department of Motor Vehicles

Police Crash Report

FR300P (Rev 1/12)

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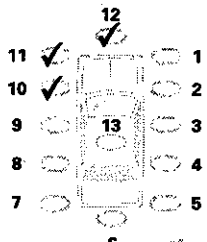
Revised Report ◯

CRASH

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of / Town of	Local Case Number
08/24/2015	23:15	HALIFAX COUNTY		[redacted]

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact. 12



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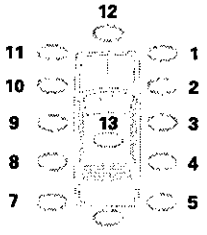
Veh Dir of Travel–N/S/E/W

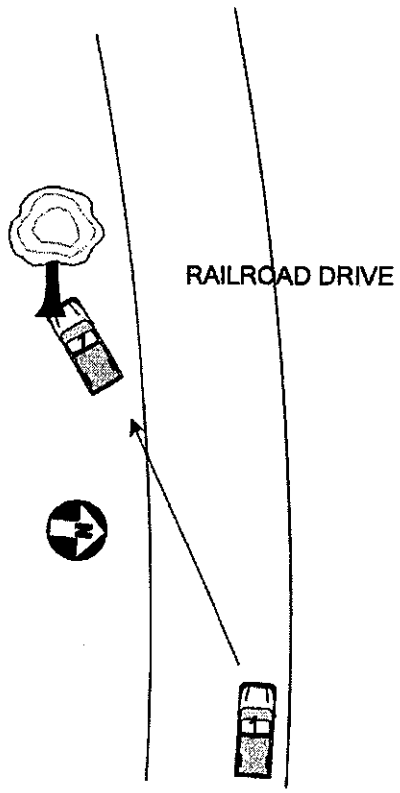
VEHICLE

Fill In Impact Area(s).
Initial Impact.



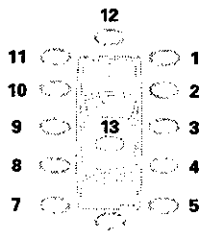
Veh Dir of Travel–N/S/E/W

CRASH DIAGRAM



VEHICLE

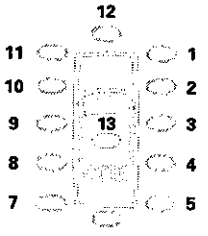
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel–N/S/E/W

VEHICLE

Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel–N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property

CRASH DESCRIPTION

VEHICLE #1 RAN OFF ROAD LEFT AND STRUCK A TREE. DRIVER OF VEHICLE #1 STATED THE STEERING WENT OUT ON THE VEHICLE.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	28	2			2

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.
2

COLLISION WITH FIXED OBJECT
1. Bank Or Ledge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass, Culvert, etc.
8. Sign, Traffic Signal
9. Impact Cushioning Device
10. Other
11. Jersey Wall
12. Building/Structure
13. Curb
14. Ditch
15. Other Fixed Object
16. Other Traffic Barrier
17. Traffic Sign Support
18. Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT
19. Pedestrian
20. Motor Vehicle In Transport
21. Train
22. Bicycle
23. Animal
24. Work Zone Maintenance Equipment
25. Other Movable Object
26. Unknown Movable Object
27. Other

NON-COLLISION
28. Ran Off Road
29. Jack Knife
30. Overturn (Rollover)
31. Downhill Runaway
32. Cargo Loss or Shift
33. Explosion or Fire
34. Separation of Units
35. Cross Median
36. Cross Centerline
37. Equipment Failure (Tire, etc)
38. Immersion
39. Fell/Jumped From Vehicle
40. Thrown or Falling Object
41. Non-Collision Unknown
42. Other Non-Collision

	reported that owner notification began on May 5, 2004. Owners may contact DaimlerChrysler at 1-800-853-1403.
NHTSA ID Number	04V385000
Date Issued	08/03/04
Quantity Affected	2,261
Defect	On certain pick-up trucks equipped with 4.7L engines, the generator wiring harness may short circuit due to contact with a valve cover stud. A short circuit in the generator harness can cause an under hood fire.
Remedy	Dealers will inspect the alternator wiring insulation for damage and repair and add a tie-strap clip to the valve cover stud to retain the wiring. This recall began on August 13, 2004. Owners should contact Daimlerchrysler at 1-800-853-1403.
NHTSA ID Number	11V350000
Date Issued	07/06/11
Quantity Affected	242,780
Defect	Chrysler is recalling certain model year 2008-2011 Dodge Ram 2500/3500 4X4, manufactured from February 14, 2008, through March 28, 2011; model year 2008-2011 Dodge Ram 3500 Cab Chassis 4X2, manufactured from February 14, 2008, through March 28, 2011; and model year 2008 Dodge Ram 1500 Mega Cab 4X4, manufactured from February 14, 2008, through August 15, 2008, because the left tie rod ball stud may fracture. This condition tends to occur during low speed parking lot type maneuvers when the customer is making a tight turn. Additionally, model year 2003-2008 Dodge Ram 2500/3500 vehicles may have received the affected tie rod assembly as a replacement part, during normal service. This condition could result in the potential loss of directional stability in the left hand front wheel, increasing the risk of a crash.
Remedy	Dealers will inspect the tie rod ends for relative orientation and replace the left outer tie rod as required, and perform a front-end toe alignment as needed. This service will be performed free of charge. The manufacturer has not yet provided an owner notification schedule. Owners
May Contact Chrysler At 1-800-853-1403. Chrysler Safety Recall No. L16. Owners	may contact Chrysler at 1-800-853-1403. Chrysler Safety Recall No. L16. Owners may also contact the National Highway Traffic Safety Administration's Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153, or go to http://www.safercar.gov.
NHTSA ID Number	13V528000
Date Issued	11/06/13
Quantity Affected	707,176
Defect	Chrysler Group LLC (Chrysler) is recalling certain model year 2003-2008 Dodge RAM 2500 4x4 and 3500 4x4, model year 2007-2008 Dodge RAM 3500 4x2 Cab Chassis and model year 2006-2008 Dodge RAM 1500 Mega Cab 4x4 trucks manufactured February 12, 2002, through February 13, 2008. The left tie rod assembly may break. A failure of the tie rod assembly may result in a loss of steering control, increasing the risk of a crash.
Remedy	Chrysler will notify owners, and dealers will inspect the steering linkage and install a new left tie rod assembly, as needed, free of charge. The recall began on December 10, 2013. Owners may contact Chrysler at 1-800-247-9753. Chrysler's recall campaign number is N62. This recall supersedes Chrysler tie rod recall 11V350. Vehicles that were previously remedied under recall 11V350 are also affected by this campaign. Owners may also contact the National Highway Traffic Safety Administration Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to www.safercar.gov.
NHTSA ID Number	14V770000
Date Issued	12/03/14
Quantity Affected	357,933
Defect	Chrysler Group LLC (Chrysler) is recalling certain model year 2003-2005 Dodge Ram 1500, 2500, and 3500, 2004-2005 Dodge Durango, 2005 Dodge Dakota, 2005 Dodge Magnum and 2005 Chrysler 300, 300C and 300 SRT8 vehicles originally sold, or ever registered, in geographic locations associated with high absolute humidity. Specifically, vehicles sold, or ever registered, in Alabama, Florida, Georgia, Hawaii, Louisiana, Mississippi, Texas, Puerto Rico, U.S. Virgin Islands, Saipan, Guam, and American Samoa are addressed by this recall. Upon deployment of the passenger side frontal air bag, excessive internal pressure may cause the inflator to rupture. In the event of a crash necessitating deployment of the passenger side frontal air bag, the inflator could rupture with metal fragments striking and potentially seriously injuring the vehicle occupants.

We took Truck In for this recall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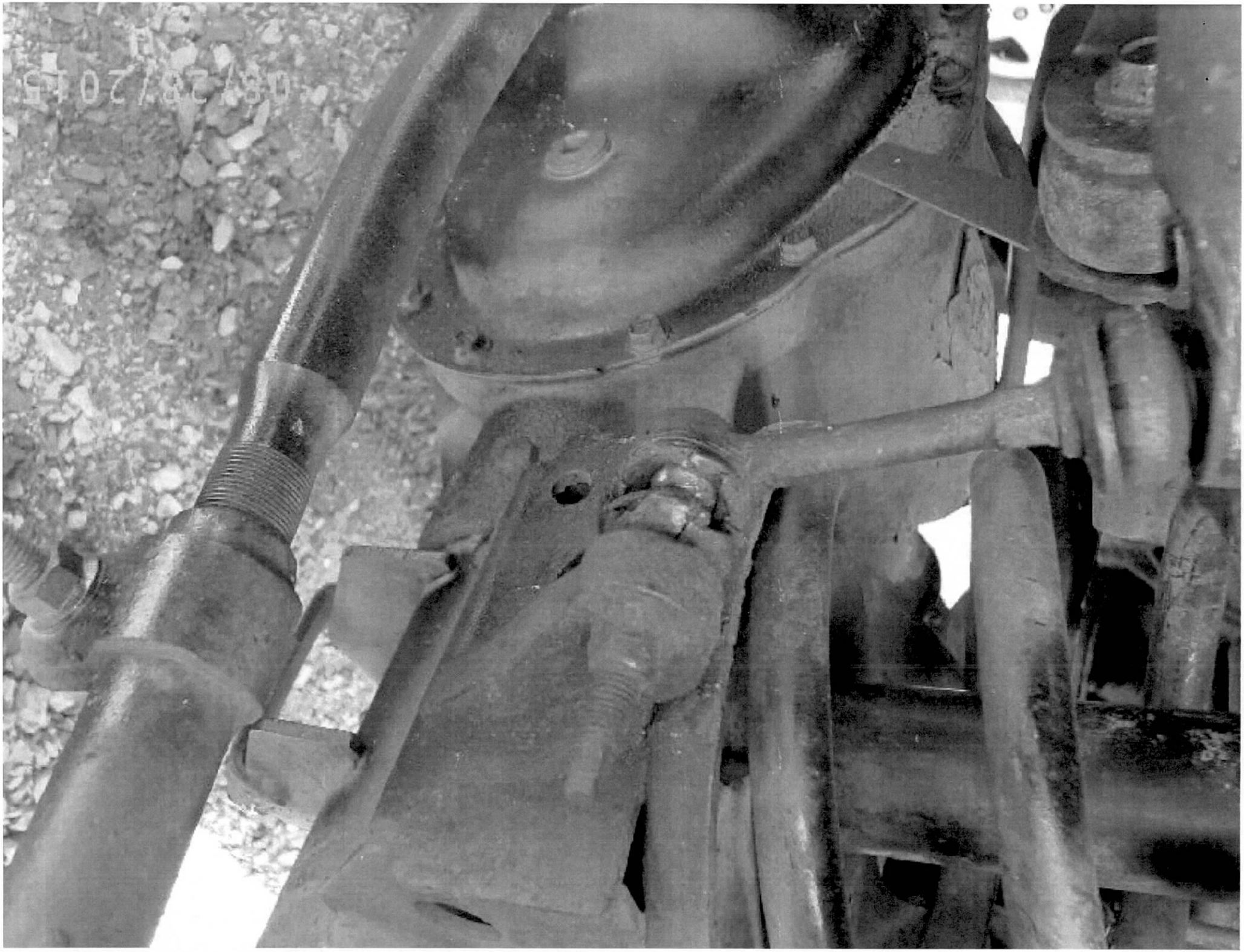
RPM X1000
140687
2015


8/28/2015


08/28/2015

08/28/2015




08/28/2015

08/28/2015


08/28/2015


08/28/2016


08/28/2015


08/28/2015

Driver was treated at Sentara Halifax Regional Hospital, 2204 Wilborn Ave., South Boston, VA 24592 (434) 517-3190

Expense: $1898.62

Halifax Radiological Associates, P.O. Box 340
Halifax, VA 24558 (434) 517-3547
expense: $45.00

Sentara Halifax Emergency Physicians, P.O. Box 860
South Boston, VA 24592 (434) 517-3547

expense: $234.00

[redacted]

Alton, VA [redacted]

U.S. Dept of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Ave SE
West Building
Washington, DC 20590