

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | <p><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</p> |                                                                           | <p align="center">INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)<br/>FOR AGENCY USE ONLY 100148</p> |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      | <p>Date Received<br/>25-JAN-2016<br/>APR 01 2016</p>                                                                                                               | <p>Repository <input type="checkbox"/><br/>Reference No.<br/>10822142</p> |                                                                                                 |                |
| <p align="center"><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      | Address                                                                                                                                                            |                                                                           | Daytime Telephone Number                                                                        | E-mail Address |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      | State                                                                                                                                                              | Zip Code                                                                  | Evening Telephone Number                                                                        |                |
| BILLINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | MT                                                                                                                                                                 |                                                                           |                                                                                                 |                |
| <p><small>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).</small></p>                                                                                                                                                                                                                                                                |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| <p align="center"><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1D7HU18D03J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      | Make<br>DODGE                                                                                                                                                      | Model<br>RAM 1500                                                         | Model Year<br>2003                                                                              |                |
| Date Purchased<br>Feb. 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dealer's Name and Telephone Number<br>Montana Dodge - now Lithia Dodge               |                                                                                                                                                                    | Engine:<br>No. of Cylinders V8                                            | Fuel Type:<br>gas                                                                               |                |
| Original Owner<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's City<br>Billings                                                            | State<br>MT                                                                                                                                                        | Zip Code<br>59101                                                         |                                                                                                 |                |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Antilock Brakes                                  | Powertrain                                                                                                                                                         | Multiple Failure:                                                         | Incident Date(s)<br>05-JUN-2015                                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Cruise Control                                   |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| <p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                                                                                                    | Failure Mileage                                                           | Failure Speed                                                                                   |                |
| <p align="center"><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tire Model (Name or Number)                                                          |                                                                                                                                                                    | Tire Size (Example P215/65R15)                                            |                                                                                                 |                |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair | Failure Location:                                                                                                                                                  |                                                                           |                                                                                                 |                |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                                                                                                    | Tire Failure Type:                                                        |                                                                                                 |                |
| <p align="center"><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Manufactured:                                                                   |                                                                                                                                                                    | Model No./Name:                                                           |                                                                                                 |                |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Installation System:                                                                 |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | Failed Part:                                                                                                                                                       |                                                                           |                                                                                                 |                |
| <p align="center"><b>APPLICABLE INCIDENT INFORMATION</b><br/><small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Number of Persons Injured                                                                                                                                          | Number of Deaths                                                          | Reported to Police<br>N                                                                         |                |
| <p><b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><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).</p>                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| <p>TL* THE CONTACT OWNS A 2003 DODGE RAM 1500. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V312000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.</p>                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float:right">ATTACH ADDITIONAL SHEETS IF NECESSARY</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |
| <p><small>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.</small></p> |                                                                                      |                                                                                                                                                                    |                                                                           |                                                                                                 |                |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

We are just very concerned that the recall work on our pickup has yet to be done because they claim they do not have enough replacement parts. It has been like a year. In the meantime, we have to continue to drive our pickup at high risk of injury or even death!

This is negligence on Dodge's part. We will sue if our family is injured.

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

BILLINGS MT 591

07 MAR 2016 PM 2

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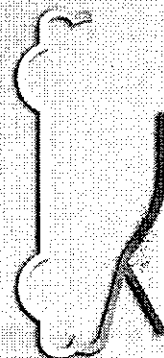
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**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**safercar.gov**

**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**

**NHTSA**  
www.nhtsa.gov

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