

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)<br>DOT Auto Safety Hotline                                                                                   |  | FOR AGENCY USE ONLY 100148                                                          |                                |                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <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><div style="text-align: center;">17-MAR-2016<br/>APR 29 2016</div> |                                | Repository <input type="checkbox"/><br><br>Reference No.<br>10850248 |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Address                                                                                                                                                 |  | Daytime Telephone Number                                                            |                                | E-mail Address                                                       |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | State                                                                                                                                                   |  | Zip Code                                                                            |                                | Evening Telephone Number                                             |  |
| DEAVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | WY                                                                                                                                                      |  |                                                                                     |                                |                                                                      |  |
| 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                                                                |  |
| 3D7MS48C95G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                         |  | DODGE                                                                               |                                | RAM 3500                                                             |  |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Dealer's Name and Telephone Number                                                                                                                      |  |                                                                                     |                                | Model Year                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                         |  |                                                                                     |                                | 2005                                                                 |  |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Dealer's City                                                                                                                                           |  | State                                                                               |                                | Zip Code                                                             |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Antilock Brakes                                                                                                                                         |  | Powertrain                                                                          |                                | Multiple Failure:                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/>                                                                                                                                |  |                                                                                     |                                | Incident Date(s)                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/>                                                                                                                                |  |                                                                                     |                                | 06-JUL-2015                                                          |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |
| Vehicle Component Code: 140000 AIR BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                         |  |                                                                                     |                                | 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                                                           |                                | Number of Deaths                                                     |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                     |  |                                                                                     |                                | Reported to Police                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                         |  |                                                                                     |                                | N                                                                    |  |
| <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).                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |
| TL* TAKATA RECALL. THE CONTACT OWNS A 2005 DODGE RAM 3500. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V313000 (AIR BAGS) AND STATED THAT THE PART WAS NOT AVAILABLE WITHIN A REASONABLE TIME FRAME TO SCHEDULE THE RECALL REPAIR. THE DEALER DID NOT GIVE A SPECIFIC DATE FOR WHEN THE PART WOULD BECOME AVAILABLE AND INDICATED THAT THEY HAD MORE THAN FIFTY VEHICLES ON THE WAITING LIST. THE MANUFACTURER WAS CONTACTED AND COULD NOT PROVIDE AN ESTIMATED DATE FOR WHEN THE CONTACTS VEHICLE WOULD RECEIVE THE RECALL REPAIR PARTS. THE CONTACT WAS NOT EXPERIENCING A FAILURE. PARTS DISTRIBUTION DISCONNECT.<br><br><i>after a year the parts, finally, arrived &amp; the problem was fixed</i> |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |
| 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.                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                     |                                |                                                                      |  |