

<b>Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 31-MAY-2022	Repository <input type="checkbox"/>  Reference No. 11466695
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address			
City Dexter	State MO	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).			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1D7HA18298		MAKE DODGE 1500	Model RAM 5.7 HEMI
Date Purchased	Dealer's Name and Telephone Number Blackwell Baldwin 573 634-8380	Engine: No. Cylinders 8	Model Year 2008
Original Owner <input type="checkbox"/> NO	Dealer's City VIENNA DEXTER	STATE VA MO	Fuel Type: GAS
ZIP Code 63841	Transmission Type Automatic	Powertrain	Incident Date(s) 21-MAY-2022
<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Cruise Control	Multiple Failure:	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Components Codes: 105500 POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT		Failure Mileage 86000.0	Failure Speed 5
<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: DOTM1 9ABC036)	<input type="checkbox"/> Original Requirement <input type="checkbox"/> Prior Repair	Failure Location:	
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> <i>(Please describe in detail the incident(s), failure(s), crash(es), injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured:	Number of Deaths
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), 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).			
The contact owns a 2008 Ram 1500. The contact stated while driving approximately 5 MPH, a loud booming noise suddenly occurred from the rear of the vehicle and the rear wheels locked up. The vehicle was towed to the residence and inspected by an independent mechanic who diagnosed that the rear differential was faulty and needed to be replaced. The vehicle was not yet repaired. The manufacturer and local dealer were not notified of the failure. The approximate failure mileage was 86,000. The reason for only going 5mph - heavy traffic proceeding to a stop light. A Policeman was on hand to help us - but a report was not filed - no accident occurred he assisted in retrieving wrecker service -			
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.			



Commercial Invoice

AutoZone Store 362  
822 HWY BUS 60 W  
DEXTER, MO 63841  
573.624.0005

**Deliver To**

**STEELE SMALL ENGINE REPAIR**  
319 S Walnut St  
Dexter, MO 63841  
Phone : (573) 220-4162  
Customer # : [REDACTED]

**Order Information**

Invoice Number : [REDACTED]  
Comm Specialist : COMMERCIAL SALES CENTER  
Register Number : 35  
Order Date : 07/12/2022 03:44 PM

Part #	QTY	Description	List	Cost	Core	Total
<b>No vehicle given for the following items</b>						
000999396	1	JE7800084 JASPER DIFFERENTIAL Misc OSB SKU SKU-000999396	6,070.00	3,035.00	850.00	3,885.00

CASH

MSDS can be ordered upon request

The signature below acknowledges customer's agreement to be bound by the terms outlined in the AutoZone Commercial Customer Charge Account Agreement, as amended from time to time.

[REDACTED SIGNATURE]

CASH		\$4,206.99	Subtotal	\$3,885.00
			Tax	\$321.99
			<b>Total Due</b>	<b>\$4,206.99</b>
<b>AZC Savings</b>	<b>Piece Count</b>	<b>Page</b>	<b>Total</b>	
\$0.00	1	1 of 1	\$4,206.99	

Ref: ~~ODI~~ # 11466695-48 hrs for

**RUDI'S TOWING**

Phone 870-236-6410

Fax 844-273-5230

6-8 Wks for completion

Road Service	Tire Service	Auto Unlocking	AAA	Auto Repair
DATE 5-21-27	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	REQUESTED BY MHP	
LOCATION OF VEHICLE Hwy 25 L Fly Rd Kennel mo				
NAME		PHONE		
ADDRESS				
YEAR 2008	MAKE/MODEL/COLOR KIA 1500 WT		MILEAGE	
STATE MD	LICENSE NO.	VIN #	1D3Y4A1R1993	
<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> WHEEL LIFT	<input type="checkbox"/> SINGLE LINE WINCH		
<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FLAT BED/RAMP	<input type="checkbox"/> DUAL LINE WINCH		
<input type="checkbox"/> START	<input type="checkbox"/> WRECK	<input type="checkbox"/> SNATCH BLOCKS		
<input type="checkbox"/> MOBILE RECOVERY UNIT	<input type="checkbox"/> RECOVERY	<input type="checkbox"/> SUPER DUTY		
<input type="checkbox"/> MED DUTY	<input type="checkbox"/> DROP DRIVE SHAFT	<input type="checkbox"/> CAGE BRAKES		
<input type="checkbox"/> HEAVY DUTY	<input type="checkbox"/> SERVICE CALL			
VEHICLE TOWED TO Tow to Adm				
REMARKS		MILEAGE TO SCENE		
TRUCK #		TOWED MILES		
TRAILER #		WINCH		
REF. #		CLEAN HWY.		
P.O. #		HOOKUP		
CK. #		SPECIAL EQUIPMENT		
		EXTRA MAN		
		TOW	200.00	
OPERATOR'S SIGNATURE D. Taylor 5-21-27		STORAGE		
AUTHORIZED SIGNATURE		SUB TOTAL		
		TAX		
		TOTAL	200.00	

# 3

111-10147 AXWV

00083-00001-00083  
Cross Country Motor Club, Inc  
400 River's Edge Drive  
Medford, Massachusetts 02155



partial refund for  
- TOWE -



[REDACTED]  
DEXTER, MO [REDACTED]

Check No. [REDACTED]  
Check Date 07/21/2022  
Check Amount \$100.00

DATE	PO#	INVOICE#	VIN#	AMOUNT
07/18/22	SHL-2341875139-1	[REDACTED]	[REDACTED]	\$100.00

*[Handwritten signature]*

AUTHORIZED SIGNATURE \_\_\_\_\_ PLEASE FOLD ON PERFORATION AND DETACH HERE ↓