



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
 DC METRO AREA (202) 366-0123
 INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
 CORRECT MARK: ●

FOR AGENCY USE ONLY

| | |
|---------------------------------|-------------|
| Date Received 9/19/01 | Order _____ |
| Reference No. | Cost _____ |
| | Advt _____ |
| | Up/Pr _____ |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

| | | | | | | |
|--|--|--|--|---|--|---|
| VEHICLE IDENT. NO. (VIN) <small>(Reported at bottom of windshield on driver's side)</small> 3B7HF13Y1V6826562 | | VEHICLE MAKE DODGE Ram | VEHICLE MODEL 1500 CLUB CAB Sport | MANUFACTURE DATE 6-97 | MODEL YEAR 97 | |
| VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input checked="" type="radio"/> Chrysler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW | | | | | | |
| PURCHASE DATE 3-20-01 | <input type="radio"/> New <input checked="" type="radio"/> Used | DEALER'S NAME CLINTON Honda | CITY ANNADALE NJ | STATE NJ | ZIP CODE 08801 | |
| ENGINE SIZE 5.2 | FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection | FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas | TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic | ANTILOCK BRAKES <input type="radio"/> Yes <input checked="" type="radio"/> No | RESTRAINT SYSTEM <input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbel <input type="radio"/> 3-Point Belt | CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No |
| DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> Rear <input type="radio"/> 4-Wheel | VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle | | DOORS <input checked="" type="radio"/> 2 Door <input type="radio"/> 4 Door | BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|---|---|---|
| COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input checked="" type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input checked="" type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____ | NO. OF FAILURES <input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters). | |
| | INCIDENT DATE 3-20-01 | TIRE NAME | COMPLETE TIRE SIZE 285 75 R16 |
| | MILEAGE AT INCIDENT 62,211 | TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input checked="" type="radio"/> Other DUCANGO Radial A/T | |
| | VEHICLE SPEED AT INCIDENT 17 MPH | FAILED PART(S) <input type="radio"/> Original <input checked="" type="radio"/> Replacement | |
| HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No | FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No | NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input type="radio"/> No | |

APPLICABLE INCIDENT INFORMATION

| | | | | |
|---|--|---|---|---|
| Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form. | CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No | NUMBER OF PERSONS INJURED <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 | CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Rust <input checked="" type="radio"/> Nutsy <input type="radio"/> Weak/Poor Fit/Loose <input checked="" type="radio"/> Leaks <input checked="" type="radio"/> Cut/Tam <input type="radio"/> Short <input checked="" type="radio"/> Disconnect/Fell Off <input type="radio"/> Links/Stops/Cross <input type="radio"/> Erratic/Poor Performance <input checked="" type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken | RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inconvenient Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration |
| | FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No | NUMBER OF FATALITIES <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 | | |

PLEASE DO NOT WRITE IN THIS AREA



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