



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
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 3/5/08	od-er _____
Reference No.	ri-ll _____
	od-l _____
	up-lr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 387HC1341VM531410		VEHICLE MAKE Dodge	VEHICLE MODEL Ram	MANUFACTURE DATE DEC 96	MODEL YEAR 1997
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"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE <input type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Greenspoint Dodge		CITY Houston	STATE TX	ZIP CODE 77060
ENGINE SIZE ICID/CC/U 5.2	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" 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"/> Driverside Airbag <input type="radio"/> 2-Point Bel. <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3 Point Belt
NO. CYLINDERS _____	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No		DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear		
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 type="radio"/> 2-Door <input type="radio"/> 4-Door		BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" 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 type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE Dec 24, 2001	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	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 type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form.	CRASH <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input checked="" type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Crabs <input type="radio"/> Stability/Vibration <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"/> Inadvertent 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="text"/> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ <input type="text"/> ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱		

PLEASE DO NOT WRITE IN THIS AREA



06326

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On Dec 24 white chevrolet
low speed 35-40 miles
per hr. I was approaching
a central entrance by
light by HWY 1457 door
was already there so I
started applying the
brakes as I entered into
the lane. The car was heavy
and the lane change was
quick to accommodate exiting
traffic. When I applied the
brakes it felt no response
not any decrease in speed
a tiber flow releasing the
excel carbon. I managed
to brake pressure while
attempting to apply the
parking brake but this
was successful in time and
but the car is front on the
left rear of the steering
column in heavy traffic. After
applying the parking brake

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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 distributed summary thereof, may be used in support of the agency's action.
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HS Form 350 (Rev. 8/89)



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration

www.nhtsa.dot.gov/hotline

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(B)(6)

(Page 1 through Page 1)



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