



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

APR 23 2004

400 Seventh Street, S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Stephan J. Speth, Director
Vehicle Compliance and Safety Affairs
DaimlerChrysler Corporation
800 Chrysler Dr. -CIMS 482-00-91
Auburn Hills, MI 48326-2757

NVS-213phk
PE04-039

Dear Mr. Speth:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-039) to investigate allegations that the transmission may unexpectedly shift from PARK to REVERSE gear in model year 2003 through 2004 Dodge Ram 2500 and 3500 pickup trucks equipped with automatic transmissions manufactured by DaimlerChrysler Corporation, and to request certain information.

This office has received a total of 9 reports, including 6 crashes resulting in 2 injuries, alleging that the transmission unexpectedly shifted from PARK to REVERSE gear in model year 2003 through 2004 Dodge Ram 2500 and 3500 pickup trucks equipped with automatic transmissions. The consumers allege that, after the transmission was shifted into PARK gear with the key in the ignition and the engine running, the transmission spontaneously shifted into REVERSE gear causing a powered rollaway incident in reverse. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 2003 through 2004 Dodge Ram 2500 and 3500 trucks, and any other Dodge Ram trucks, manufactured for sale or lease in the United States that are equipped with the same automatic transmissions and shifter assemblies as the complaint vehicles.
- **Comparison vehicles:** all MY 2003 through 2004 Dodge Ram 1500 trucks with automatic transmissions and all MY 2001 through 2002 Dodge Ram 2500 and 3500 trucks with automatic transmissions.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4238

- **Subject system/components:** the automatic transmissions and shifter assemblies installed in the complaint vehicles.
- **DCC:** DaimlerChrysler Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of its headquarters, regional, zone and other offices and its employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of DCC (including all business units and persons previously referred to), who are or, in or after January 1, 2000 were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** alleged un-commanded shifting of the automatic transmission from PARK to REVERSE gear.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar

to any of the foregoing, however denominated by DCC, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by DCC or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as DCC has previously provided a document to ODI, DCC may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After DCC's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model, engine, transmission, model year, and assembly plant, the number of subject and comparison vehicles DaimlerChrysler has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by DaimlerChrysler, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Engine;
 - e. Transmission;
 - f. Model Year;
 - g. Assembly plant;
 - h. Date of manufacture;

- i. Date warranty coverage commenced; and
- j. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

2. State, by model, engine, transmission, model year, and assembly plant, the number of each of the following, received by DaimlerChrysler, or of which DaimlerChrysler is otherwise aware, which relate to, or may relate to, the alleged defect in the subject and comparison vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where DaimlerChrysler is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which DaimlerChrysler is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "e" through "f," provide a summary description of the alleged problem and causal and contributing factors and DaimlerChrysler's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. DaimlerChrysler's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model, engine, transmission, model year, and assembly plant;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;

- i. Whether a crash is alleged;
- j. Whether property damage is alleged;
- k. Number of alleged injuries, if any; and
- l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

- 4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method DaimlerChrysler used for organizing the documents.
- 5. State, by model, engine, transmission, model year, and assembly plant, total counts for all of the following categories of claims, collectively, that have been paid by DaimlerChrysler to date that relate to, or may relate to, the alleged defect in the subject and comparison vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. DaimlerChrysler's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that provides further details regarding this submission.

- 6. Describe in detail the search criteria used by DaimlerChrysler to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject and comparison vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by DaimlerChrysler on the subject and comparison vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage

option(s) that DaimlerChrysler offered for the subject and comparison vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that DaimlerChrysler has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that DaimlerChrysler is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, DaimlerChrysler. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, DaimlerChrysler in the design, material composition, manufacture, quality control, supply, or installation of the subject system/component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that DaimlerChrysler is aware of which may be incorporated into vehicle production within the next 120 days.

10. Provide a detailed description of the transmission shift assembly operation in the subject vehicles, including all tactile, visual, and other indications to the operator that the transmission has been successfully shifted into PARK. Provide a detailed description of the subject system response if the shifter is not successfully shifted into PARK gear. For the latter, include in your descriptions the nominal and minimum time intervals between the shift attempt and system response. For both descriptions, include a discussion of the performance through the full range (nominal and each extreme) of all adjustable system components (e.g., shift cable). State DCC's assessment of the range of adjustment in which the system will perform properly. Please include in your response system drawings, diagrams, and photographs where appropriate and include video taped demonstrations of showing the shift sequence and the relationship over a time scale between shifter position, PARK indication, reverse lights, and the transmission PARK pawl engagement (show this for proper system adjustment and for mis-adjusted systems).
11. State the number of each of the following that DaimlerChrysler has sold that may be used in the subject vehicles by subcomponent name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable):
 - a. Shift assembly; and
 - b. Any kits that have been released, or developed, by DaimlerChrysler for use in service repairs to the subject system/component.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which DaimlerChrysler is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Furnish DaimlerChrysler's assessment of the alleged defect in the subject vehicle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The potential contribution of vehicle assembly factors, including a comparison and assessment of differences between assembly plants;
 - e. The risk to motor vehicle safety that it poses;
 - f. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
 - g. The reports included with this inquiry.

This letter is being sent to DCC pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. DCC's

failure to respond promptly and fully to this letter could subject DCC to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If DCC cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, DCC does not submit one or more requested documents or items of information in response to this information request, DCC must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

DCC's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by June 7, 2004. Please refer to PE04-039 in DCC's response to this letter. If DCC finds that it is unable to provide all of the information requested within the time allotted, DCC must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If DCC is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information DCC then has available, even if an extension has been granted.

If DCC claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, DCC must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. DCC is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Peter Kivett of my staff at (202) 366-6178.

Sincerely,

 For J. Quandt
4/23/2014

Jeffrey L. Quandt, Chief
Vehicle Control Division
Office of Defects Investigation

Enclosure 1, One CD ROM titled Data Collection Disc containing three files
Enclosure 2, Nine Vehicle Owner's Questionnaires



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100161

Date Received: 08-APR-2004
Repository:
Reference No.: 10061020

OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3D7KLJ28CX3G [REDACTED]
Make: DODGE Model: RAM 2500 Model Year: 2003
Date Purchased: _____ Dealer's Name and Telephone Number: CHARLIE'S DODGE 419 893 0241 Engine: No: Cylinders 9 Fuel Type: Diesel
Original Owner: Dealer's City: MAUNEE State: OH Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: 103400 POWER TRAIN;AUTOMATIC TRANSMISSION;LEVER AND LIN
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-FEB-2004 Failure Mileage: 9000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: Y


Narrative Description of Incident(s), Crash(es), and 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).


WHILE PARKED WITH ENGINE RUNNING TRANSMISSION SLIPPED OUT OF GEAR INTO REVERSE AND HIT A LIGHT POLE. DAMAGE TO THE VEHICLE AND PROPERTY TOTALLED T \$8000.00. WHEN CONSUMER GOT BACK TO THE VEHICLE GEAR SHIFT WAS STILL IN PARK. *AK


Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.


ATTACH ADDITIONAL SHEETS IF NECESSARY


The Privacy Act of 1974 (Public Law 93-502) 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.


 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received: 09-MAR-2004		Repository <input type="checkbox"/> Reference No. 10060802	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner		Date: / /		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
3D7LA38CK4		DODGE	RAM 3500	2004
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
01-DEC-03	ROCKWALL DODGE		No: Cylinders 6	Diesel
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	ROCKWALL	TX	75087	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	REAR WHEEL DRIVE	103300 POWER TRAIN:AUTOMATIC TRANSMISSION:GEAR POSITION	
			Multiple Failure: 0	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
20-FEB-2004	6500	0		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
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
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		0	0	N
Narrative Description of Incident(s), Crash(es), and 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).				
DODGE RAM 3500 WITH CUMMINS DIESEL. I GOT OUT OF THE TRUCK ON AN ABSOLUTELY FLAT PARKING LOT, BELIEVING IT TO BE IN PARK. WALKED 30-40 FEET AND THEN VEHICLE BEGAN MOVING IN REVERSE GEAR AT IDLE AND HIT A CAR. DODGE PERSONNEL HAVE TOLD ME THAT DUE TO THE HIGH TORQUE, IT IS PHYSICALLY IMPOSSIBLE TO EXIT THE VEHICLE. AS SOON AS THE FOOT IS REMOVED FROM THE BREAK, IF IT IS IN GEAR IT WILL MOVE AT A PACE FASTER THAN A PERSON CAN EXIT.				
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 an 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.				


 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 100148	
	Date Received 24-FEB-2004		Repository <input type="checkbox"/> Reference No. 10358839		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner			Date / /		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3D7KJ2BC63G			Make DODGE	Model RAM 2500	Model Year 2003
Date Purchased 05-NOV-03	Dealer's Name and Telephone Number ALL AMERICAN CHRYSLER/JEEP/DODGE 1-325-944-0611			Engine: No: Cylinders 6	Fuel Type: Diesel
Original Owner <input type="checkbox"/>	Dealer's City SAN ANGELO	State TX	Zip Code 76901		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 103400 POWER TRAIN;AUTOMATIC TRANSMISSION;LEVER AND LIN Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 03-FEB-2004	Failure Mileage 7850	Failure Speed 0			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM4SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and 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 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and 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).					
MY 2003 DODGE PICKUP TRUCK SLIPPED FROM "PARK" INTO "REVERSE" WHILE I WAS NOT IN THE VEHICLE. I WAS STANDING BEHIND THE VEHICLE AT THE TIME, AND WAS NEARLY STRUCK BY THE REAR END OF THE VEHICLE AS IT IDLED BY.*AK					
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.					

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received	Repository <input type="checkbox"/>	04-FEB-2004	Reference No. 10056561
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address					
City	State	Zip Code	Evening Telephone Number		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner			Date / /		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
3D7KA28C44G		DODGE	RAM 2500	2004	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
24-DEC-03	ALL AMERICAN AUTO FLEX 325 944 0611		No: Cylinders	Diesel	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	SAN ANGELO	TX	76901		
Transmission Type	<input checked="" type="checkbox"/> Anti-lock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control			103400 POWER TRAIN: AUTOMATIC TRANSMISSION: LEVER AND LINK	
				Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
26-JAN-2004					
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM15ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code				Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:	Model No./Name:		
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	Y	
Narrative Description of Incident(s), Crash(es), and 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).					
2004 DODGE DIESEL 3/4 TON PICKUP....JUMPED INTO REVERSE AND PINNED ME BETWEEN A GATE AND A BARN, FRACTURING 14 RIBS AND AN ULNA. *AK					
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 responses 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.					

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1368	
		Date Received 09-FEB-2004		Repository <input type="checkbox"/> Reference No. 10057724	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
Zip Code		E-mail Address			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner		Date: / /			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number located at bottom of windshield on driver's side		Make DODGE		Model 3500	
Date Purchased		Dealer's Name and Telephone Number		Model Year 2003	
Original Owner <input checked="" type="checkbox"/>		Dealer's City		Engine: No. of Cylinders	
Transmission Type		State		Zip Code	
<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain		Fuel Type:	
		Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION		Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 07-FEB-2004		Failure Mileage 17500		Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM16A8C036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code		Tire Failure Type			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and 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), and 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).					
WHILE VEHICLE WAS IN PARK AND TRANSMISSION SLIPPED OUT OF GEAR, AND VEHICLE ROLLED INTO A LAKE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AX					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
<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 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.</small>					

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 100192	
	Date Received 06-NOV-2003		Repository <input type="checkbox"/> Reference No. 10046503		
OWNER INFORMATION (Type or Print)					Daytime Telephone Number
Name			E-mail Address		
Address			Evening Telephone Number		
City	State	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner			Date		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3D7KU26C73G		Make DODGE	Model RAM 2500	Model Year 2003	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION		
			Multiple Failure: 3		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage 1900	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC03G)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code				Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:		Model No./Name:		
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)</i>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and 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).					
WHEN VEHICLE IS IN PARK AND WHILE IDLING IT SHIFTS INTO REVERSE. ALSO, VEHICLE ACCELERATES ON HIGH. THEN, IT BEGINS MOVING BACKWARDS AND STOPS, ONCE IT COMES INTO CONTACT WITH AN OBJECT. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
The Privacy Act of 1974 (Public Law 93-502) 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.					

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received 19-AUG-2003		Repository <input type="checkbox"/> Reference No. 10033108	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		Evening Telephone Number <input type="checkbox"/>
Address		City		
City		State	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner		Date		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 307KJ28CX3C		Make DODGE	Model RAM 2500	Model Year 2003
Date Purchased 08-APR-03	Dealer's Name and Telephone Number NORTHERN CHRYSLER 4068732200		Engine: No. Cylinders 6	Fuel Type: Diesel
Original Owner <input type="checkbox"/>	Dealer's City CLT BANK	State MT	Zip Code 59427	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 103300 POWER TRAIN:AUTOMATIC TRANSMISSION:GEAR POSITION Multiple Failure: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 08-AUG-2003	Failure Mileage 9800	Failure Speed 2		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				Tire Failure Type
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 1	Reported to Police Y
Narrative Description of Incident(s), Crash(es), and 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).				
VEHICLE IS A 2003 DODGE 2500, SERIAL #X3G-790016 AND IT JUMPS FROM PARK INTO REVERSE. VEHICLE HAS APPROX 10,000 MILES AND THIS HAPPENED THE DAY BEFORE WE WERE TO LEAVE FOR ELLENSBURG, WA ON CENTRAL AVE IN GREAT FALLS AND THEN AGAIN IN ELLENSBURG AT A GOODWILL STORE PARKING LOT. I HAD A GOOD FRIEND KILLED BY THIS HAPPENING ON A FORD TRUCK SO AM VERY CONCERNED THAT IT BE TAKEN CARE OF. THE FRIEND WAS WOODROW MCCrackEN IN THE LATE 60'S OR EARLY 70'S AT CONRAD, MT. I HAVE CONTACTED CHRYSLER AND THE DEALER, BUT HAVE BEEN WAITING OVER A WEEK TO HEAR BACK FROM CHRYSLER LEGAL. ACCIDENT HAPPENED IN ELLENSBURG WA AND THE POLICE REPORT NUMBER IS E03-09377. IT WAS REPORTED TO MY INSURANCE (SAFECO) AND THAT CLAIM NUMBER IS #844587412007 JUST THINK THIS SHOULD BE REPORTED. DICK BROWN. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.				

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1367	
			Date Received 11-JUL-2003	Repository <input type="checkbox"/> Reference No. 10022545
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.				
Signature of Owner		Date / /		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3D7K428603G		Make DODGE	Model RAM PICKUP	Model Year 2003
Date Purchased 01-DEC-03	Dealer's Name and Telephone Number DIAMOND DODGE CRYSLER		Engine: No: Cylinders 6	Fuel Type: Diesel
Original Owner <input checked="" type="checkbox"/>	Dealer's City BASTROP	State LA	Zip Code 71220	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	
		Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 05-JUN-2003	Failure Mileage 9500	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	The Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input checked="" type="checkbox"/> Yes <input 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), and 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 VEHICLE JUMPED OUT OF PARK INTO REVERSE WHILE PARKED WITH THE EMERGENCY PARKING BRAKE ENGAGED. VEHICLE WAS IDLING. *AK THE VEHICLE CRASHED INTO AN IRON POST. *CB *JB				
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 responses 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.				