

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Multiple horizontal lines for writing the narrative description of the incident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590

Think your vehicle  
has a safety defect?



Use the enclosed  
form to file a report.

[www.safercar.gov](http://www.safercar.gov)

Vehicle Safety Hotline  
888-327-4236



Vehicle Owners' Guide to NHTSA's  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



[www.safercar.gov](http://www.safercar.gov)  
888-327-4236  
Vehicle Safety Hotline

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Report Defects & Check for Recalls



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

# Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

Call: 888-327-4236  
Visit: [www.safercar.gov](http://www.safercar.gov)  
Fax this form: 202-366-7882 or 202-366-3171  
Mail this form: see page 2 for instructions

FOR AGENCY USE ONLY	
Date Received	Repository <input type="checkbox"/>
Reference No.	

OWNER INFORMATION (Type or Print)			Daytime Telephone Number	
Name			Evening Telephone Number	
Street No.	Apt. No.		E-mail	
City	State	Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side				Make	Model	Year	Current Mileage
Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:		
<input type="checkbox"/> Original Owner	Dealer's City	State	Zip Code	No. Cylinders ____	<input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Gas <input type="checkbox"/> Other		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain <input type="checkbox"/> All-Wheel Drive <input type="checkbox"/> Rear-Wheel Drive <input type="checkbox"/> Front-Wheel Drive <input type="checkbox"/> Four-Wheel Drive				

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
				<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)
Failed Structure <input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		DOT No. (Example: DOT MAL9ABC036 on sidewall)	
Failure Type: <input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name
Seat Type <input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other		Installed in Vehicle using the:
Failed Part. Describe Failure Below <input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other		<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <small>*Vehicle info required</small>

## APPLICABLE INCIDENT INFORMATION

*(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)*

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Police Report No.
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

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The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.