

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



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

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
888-327-4236
Vehicle Safety Hotline

Get the latest Test & Rollover Ratings
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
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"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain				
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic			<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		DOT No. (Example: DOT MAL9ABC036 on sidewall)	
<input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	
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			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name
Seat Type		Installed in Vehicle using the:
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other		<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <small>*Vehicle info required</small>
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		

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Paperwork Reduction Act Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0008. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590.

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.