



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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 07 JAN 27 AM 1:17
Doc No: 1:17

Repository

Reference No.
10001211

OFFICE DEFECTS INVESTIGATION

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MCALISTERVILLE State: PA Zip Code: [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 authorized signature, address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 1/13/03

VEHICLE INFORMATION

Make: DODGE Model: DAKOTA QUAD CAB Model Year: 2000
Date Purchased: 31-MAY-02 Dealer's Name and Telephone Number: [Redacted] Engine No: Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: Antilock Brakes Cruise Control Powertrain: [Redacted] Vehicle Component Code: 201000 WHEELS-RIM
Multiple Failure: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-DEC-2002 Failure Mileage: [Redacted] Failure Speed: [Redacted] Defective from new.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM4LSABC036): [Redacted] Original Equipment Prior Repair: Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] (Installation System)
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: 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).

CONSUMER CALLED COMPLAINING ABOUT HAVING A DEFECTIVE RIM ON THE VEHICLE. ALSO STATED THAT THERE IS A CRACK OF ABOUT TWO INCHES TRUE THE WHOLE RIM AND IS NEVER BEEN USED ALSO SAID THAT THIS IS A SPARE TIRE. MANUFACTURE WAS NOT CONTACTED AT THE TIME OF THIS CALL.

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.