



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](http://www.nhtsa.dot.gov/hotline)

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Date Received

Repository

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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City MORENO VALLEY

State CA

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

NO

**VEHICLE INFORMATION**

2. (Type vehicle identification number located at bottom of windshield on driver's side)  
1B4HR2BZ2YF105605

Make  
DODGE

Model  
DURANGO

Model Year  
2000

Date Purchased  
1-25-00

Dealer's Name and Telephone Number

Engine: 5.9  
No. Cylinders 8

Fuel Type:  
Gas

Original Owner

Dealer's City Ontario

State CA

Zip Code

Transmission Type  
Automatic

Antilock Brakes  
 Cruise Control

Powertrain  
[REDACTED]

Vehicle Component Code  
06000 ENGINE AND ENGINE COOLING

Multiple Failure: Transmission overheated.

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

Incident Date(s)  
12-2-02

Failure Mileage  
43000

Failure Speed  
60

Black transmission oil flow.

**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(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING THE ENGINE LIGHT ILLUMINATED, AND ALSO THE TRANSMISSION LIGHT. CONSUMER STATES TOOK VEHICLE TO THE DEALER AND DEALER RESET MEMORY, 60 MILES LATER THE TRANSMISSION FAILED. PLEASE PROVIDE ANY FURTHER INFORMATION. TS

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.