



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 100147

Date Received  
2003 MAR 24-FEB-2003

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**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
Address [Redacted]  
City DALLAS State TX Zip Code [Redacted]

Daytime Telephone Number [Redacted]  
Evening Telephone Number [Redacted]

E-mail Address [Redacted]

Do you authorize NHTSA to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized representative, provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 3/10/2003

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
FULLFILL 1B4HS2B17WF [Redacted]  
Make DODGE Model DURANGO Model Year 1998  
Date Purchased 11/1/2001 Dealer's Name and Telephone Number [Redacted] Engine: No. Cylinders 4-8  
Original Owner [Redacted] Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]  
Transmission Type [Redacted]  Antilock Brakes  Cruise Control Powertrain [Redacted] Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

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

Incident Date(s) 10-FEB-2003 Failure Mileage 9 1981 2003 Failure Speed 40

**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: DOTM15ABC036)  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: [Redacted]  
CNS 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 2 Number of Deaths 0 Reported to Police  Yes  No

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).

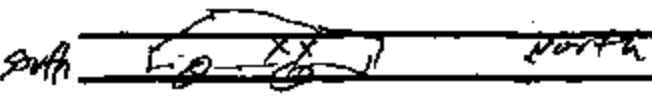
THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION, AND NONE OF THE AIR BAGS DEPLOYED. \*JB

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

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

I was traveling West when the other vehicle was traveling East. I drove into the intersection. I hit head on. The front end had to be replaced. The frame was bent west.



ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

US Department of Transportation  
National Highway Traffic Safety Administration

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

Official Business  
Penalty for Private Use \$300

**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-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**  
and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

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(DASH) & DOT



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