



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 335

Date Received: 2004 JAN 27 AM 10:39
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: LILBURN State: GA Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of a signature or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 03/31/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): NOT AVAILABLE 1B4HR28Z7 [Redacted]
Make: BUDGE Model: DURANGO Model Year: 2000
Date Purchased: 8/02 Dealer's Name and Telephone Number: Land Mark Dodge
Original Owner: Dealer's City: Union City State: GA Zip Code: [Redacted]
Transmission Type: Auto Antilock Brakes: Powertrain: [Redacted]
Cruise Control: Vehicle Component Code: 170000 LATCHES/LOCKS/LINKAGES
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: 54000 Failure Speed: N/A

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: DOTM19ABC036): [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: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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)).

THE DRIVER AND PASSENGER DOOR LOCKS BECAME STUCK, THE LOCKS WERE REPLACED TWICE. *JB

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

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 responses, or a statistical summary thereof, may be used in support of the agency's action.