



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

2003 MAY 27 PM 3:46
~~24 APR 2003 9:46~~

Repository

Reference No.
10017520

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City LUSK

State WY

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorizer, provide your name or address to the vehicle distributor.

Signature of Owner [REDACTED] Date 1/1

VEHICLE INFORMATION

17-digit vehicle identification number located at bottom of windshield on driver's side
1B7G32308RW120792

Make DODGE

Model DAKOTA

Model Year 1994

Date Purchased 4/98

Dealer's Name and Telephone Number

Engine: 3.9L
No. Cylinders 6

Fuel Type: GAS

Original Owner

Dealer's City

State

Zip Code

Transmission Type Automatic

Antilock Brakes
 Cruise Control

Powertrain 4x4

Vehicle Component Code
10000 POWER TRAIN

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04/03/03

Failure Mileage 170000

Failure Speed

Automatic Transmission

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

(Check boxes if checked, if not checked, leave blank)

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(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 TRANSMISSION SHIFTED IMPROPERLY. THE CONSUMER CHANGED THE TRANSMISSION FLUID, AND THE TRANSMISSION SEIZED UP, DUE TO WRONG INFORMATION PRINTED ON THE DIP STICK.

The TRUCK would not move off The Highway
The ALTERNATOR was replaced The Day Before so it might Be the electronics in TRANSMISSION

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) Title 5, Part 2630 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.