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 231

Date Received	Repository
09-JUL-2003	2003 AUG -7 PM 12:32
	Reference No. 10026890

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City ELKIN / State NC / Zip Code [redacted]	[redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7/29/03

VEHICLE INFORMATION

	Make	Model	Model Year
[redacted]	DODGE	DURANGO	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
July 2000	Henderson Wood Chev. Dodge 336-835-2165	8	gas
Original Owner ☑	Dealer's City ELKIN / State N.C / Zip Code 28621		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☑ Antilock Brakes ☑ Cruise Control	4X4	180000 VEHICLE SPEED CONTROL
			Multiple Failure: 1 (more than 1)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
Last time July 1-03	59333	Date of accident app 30mph when car accelerated to full throttle - others times when starting or at stop signals	

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: DOTHALSABC036)	☐ 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(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☑ Yes ☐ No	☐ Yes ☒ No	0	0	N yes but did not INV.

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 said part is available).

CONSUMER STATE WHILE DRIVING AND WITHOUT ANY INDICATION VEHICLE STARTS ACCELERATE WITHOUT DEPRESSING GAS PEDAL *AK
Causing driver to loose control of vehicle
Refer to Reference #10026891

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY