



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 1367

Date Received: 2003 AUG 22 AM 9:38  
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OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: CAPITOL HEIGHTS State: MD Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Residence Telephone Number: [Redacted]

Do you authorize NHTSA in the absence of an explicit consent to the manufacturer of your vehicle?  YES  NO  
provide your name or address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 7-28-03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4HS28Y3WF203065  
Make: DODGE Model: DURANGO Model Year: 1998  
Date Purchased: 6-12-98 Dealer's Name and Telephone Number: KOONS DODGE 1051 E. BROAD ST (303) 241-1100  
Original Owner: [Redacted] Dealer's City: FALLS CHURCH State: VA Zip Code: 22046 Engine: 5.2L MPI V8 Fuel Type: UNLEADED  
Transmission Type: Automatic  Anti-lock Brakes  Powertrain: [Redacted] Vehicle Component Code: 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: 83000 Failure Speed: [Redacted]

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): [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), crash(es), 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).

WHILE DRIVING VEHICLE SUDDENLY LOST STEERING AND DRIVER LOST CONTROL OF VEHICLE. THIS WAS CAUSED BY UPPER/LOWER BALL JOINT FAILURE \*AK

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 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.