



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

2003

FOR AGENCY USE ONLY 1368

Date Received
AUG 22 AM 9:39
22-JUL-2003

Repository ☐
Reference No.
10029823

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City NEW CUMBERLAND State WV Zip Code _____

Daytime Telephone Number
412-490-4641
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 address to the vehicle manufacturer.

Signature of Owner _____ Date 7/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2B4HS28N81F54219A
Make DODGE Model DURANGO Model Year 2001
Date Purchased _____ Dealer's Name and Telephone Number Moon Township Dodge 412-269-1234
Engine: No: Cylinders 8 Fuel Type: Unleaded
Original Owner ☒ Dealer's City Moon Township State PA Zip Code 15108
Transmission Type 4 speed Automatic ☒ Antilock Brakes Powertrain 4 wheel drive
☒ Cruise Control Vehicle Component Code 021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 8-22-2003
Failure Mileage 51090 miles
Failure Speed N/A

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: DOTM15ABC036) ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured 0 Number of Deaths 0 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).

CONSUMER STATED THAT WHILE DRIVING AND WITHOUT WARNING, BALL JOINTS ARE WEARING. DEALER NOTIFIED. *AK
Dealer stated at time of repair that right side control arm
with ball joint within ~~factory~~ manufacturer's allowable
wear despite consumer complaint of its looseness and/or
visable movement. Dealer refused to replace right
side control arm and ball joint under warranty.

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 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.

Name _____
 Address _____
 Telephone _____
 Vehicle _____
 License _____
 Mileage _____
 Technician _____
 Time and Date 10:59:35 11/01/02

Alignment Measurements

	Left	Right	+++++
Front			+++++
Camber	- 0.1°	- 0.2°	+++++
Cross Camber	0.1°		+++++
Caster	3.0°	3.2°	+ + +
Cross Caster	- 0.2°		+ + +
Toe	0.05°	0.05°	+ + +
Total Toe	0.10°		+ + +
Set Back	0.31°		+ + +
SAI	10.5°	0.0°	+ + +
Included Angle	10.4°	- 0.2°	+++++ + +

++++++
 ++ ++

Name

Address

Telephone

Vehicle

License

Mileage

Technician

Time and Date 10:55:35 11/01/02

Alignment Measurements

	<u>Left</u>	<u>Right</u>	<u>+++++</u>
<u>Front</u>			<u>+++++</u>
Camber	- 0.1°	- 0.2°	▶+++++◀
Cross Camber	0.1°		+++++
Caster	3.0°	3.2°	+ + +
Cross Caster	- 0.2°		+ + +
Toe	0.00°	0.04°	+ + +
Total Toe	0.04°		+ + +
Set Back	0.29°		+ + +
SAI	10.5°	0.0°	+ + +
Included Angle	10.4°	- 0.2°	+++++ + +
			▶+++++◀
			++ ++

Name _____
Address _____

Telephone _____
Vehicle _____
License _____
Mileage _____
Technician _____
Time and Date 10:48:17 11/01/02

Vehicle Specifications

Dodge Truck/Van
00-01 Durango 4X4

	Spec.	Tol.
<u>Front</u>		
Left Camber	- 0.25°	0.50°
Right Camber	- 0.25°	0.50°
Cross Camber		0.50°
Caster	3.30°	0.50°
Cross Caster		0.50°
Total Toe	0.10°	0.06°

<u>Rear</u>		
Camber	°	°
Total Toe	°	°

Toe Units
Degree

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**