



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 100145

Date Received  
2003 SEP -4 AM 9:  
23-JUL-2003

Repository   
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**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City SEATTLE State WA Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4HS28N3YF238519  
Make DODGE Model DURANGO Model Year 2000  
Date Purchased 8/27/02 Dealer's Name and Telephone Number Dwayne Lane's Dodge 425-267-9000  
Original Owner  Dealer's City Everett State WA Zip Code 98203  
Transmission Type \_\_\_\_\_ Antilock Brakes  Powertrain \_\_\_\_\_  
Cruise Control  Vehicle Component Code 021000 SUSPENSION:FRONT  
Multiple Failures: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 21-JUL-2003 Failure Mileage 76000 Failure Speed 45,000

**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: DOTM19ABC236) \_\_\_\_\_  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 \_\_\_\_\_ Number of Deaths \_\_\_\_\_ 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 STATES WHEN GOING OVER BUMPS FRONT SUSPENSION PRODUCES A LOUD NOISE. DEALER NOTIFIED. \*AK

When turning, front wheels make loud noise & when driving at any speed (most noticeable at slow speeds) tires make squeak

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). 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.