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	Repository
2003 AUG 15 PM 3:39 21-JUL-2003	Reference No. 10029923

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City WELLSBURG State WV Zip Code [redacted]		

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	Make	Model	Model Year
1B4HS28Z7YF240886	DODGE	DURANGO	2000

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
APRIL 2000	BILL FORBES CHEV	(304) 455-2727	8	Gasoline
Original Owner ☒	Dealer's City MARTINSVILLE	State WV Zip Code 26155		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control		021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-MAR-2003	39000		

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: DOTMA19ABC036)	☐ 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			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 BALL JOINTS ARE WEARING PREMATURELY. DEALER NOTIFIED. *AK

upper Ball Joint on Passenger Side worn out.
Replaced upper Ball Joint + Arm.
Cost Apx. $350 quoted by Dealer
I Have The old upper control Arm & Ball Joint

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