



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 SEP 12 AM 8:52
24-JUL-2003

FOR AGENCY USE ONLY 1367

Date Received

Repository

Reference No.
10030053

OWNER INFORMATION (Type or Print)

Name _____
Address _____

Daytime Telephone Number _____

E-mail Address _____

City LAUREL State MD Zip Code _____

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 authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/25/03

VEHICLE IDENTIFICATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4H528YXWF143558
Make DODGE Model DURANGO Model Year 1998

Date Purchased 2-15-02 Dealer's Name and Telephone Number Auto Wholesalers
Original Owner Dealer's City Manassas State VA Zip Code 2211
Engine: No. Cylinders 8 Fuel Type: Gas

Transmission Type 4WD Antilock Brakes Powertrain
 Cruise Control
Vehicle Component Code 022000 SUSPENSION:REAR
Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 8-12-03 Failure Mileage 41609 Failure Speed 50
Failed rotor front, king bear & pinion
wheel bearings

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make _____ The Model (Name or Number) _____ The Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036) Original Equipment Prior Repair Failure Location: _____
The Component Code _____ The 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 (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING VEHICLE HAD A HIGH PITCH SQUEAKING NOISE. THIS WAS CAUSED BY A FAILURE IN THE REAR END.

8/12/03 Replaced
Rotor Front Disc R&R
King Bear & Pinion R&R

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

While driving back from vacation week end started screaming

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

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COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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