



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1375

Date Received: 10/26/2006  
Reference No.: 10030084

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: Tulsa Broken Arrow State: OK Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize the manufacturer to use your name or address to the vehicle manufacturer?  YES  NO  
Signature of Owner: [Redacted] Date: 9/20/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 1B4HR28Z0YE283024  
Make: DODGE Model: DURANGO Model Year: 2000  
Date Purchased: 6-2000 Dealer's Name and Telephone Number: MIKE OWING Dodge  
Original Owner:  Dealer's City: Tulsa, OK State: OK Zip Code: [Redacted]  
Engine: No. Cylinders: 8  
Transmission Type: A Antilock Brakes:  Powertrain: [Redacted]  
Cruise Control:  Vehicle Component Code: 021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT  
Multiple Failures: 1

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

Incident Date(s): 7-2002, 11-2002 Failure Mileage: 45000 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: DOTM19ABC036): [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), condition, and repair(s).)

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).

CONSUMER EXPERIENCED FAILURE OF THE FRONT END AT 45000 MILES, AND HAD TO HAVE THE UPPER/ LOWER BALL JOINTS, AND LOWER CONTROL ARM REPLACED. CURRENTLY, CONSUMER IS EXPERIENCING PROBLEMS WITH FRONT END AGAIN. THE VEHICLE FEELS AS IF RIDING ON "CLOUDS" WHEN DRIVING, EVEN ON DRY PAVEMENT. CONSUMER DOES NOT HAVE COMPLETE CONTROL OF MOVEMENT WHEN DRIVING. \*AK

WHEN DRIVING ON UNEVEN ROAD - SUSPENSION FEELS VERY LOOSE EVEN THROUGH STEERING WHEEL.

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 Administration 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.