



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 100079

Date Received
2003 SEP 12
28-JUL-2003

Repository ☐
Reference No.
10031254

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **ARLENE** State **TX** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address **[REDACTED]**
Evening Telephone Number **[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 **[REDACTED]** Date **9/1/03**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4H528N8YF227631
Make **DODGE** Model **DURANGO** Model Year **2000**
Date Purchased **[REDACTED]** Dealer's Name and Telephone Number **STAR DODGE 325-691-3490** Engine: **[REDACTED]** Fuel Type: **[REDACTED]**
Original Owner ☐ Dealer's City **ARLINGTON** State **TX** Zip Code **77606** No. Cylinders **8**
Transmission Type **Auto** ☒ Antilock Brakes ☒ Cruise Control Powertrain **[REDACTED]** Vehicle Component Code **021520 SUSPENSION; FRONT; CONTROL ARM; UPPER BALL JOINT**
Multiple Failures: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **28-JUL-2003** Failure Mileage **53,000** 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: DOT H1A5ABC036) ☐ 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), crash(es), and injury(ies).)

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.
Is, parts repaired or replaced (and if not part is available).

DEALER CAN'T REPLACE RIGHT UPPER BALL JOINT DUE TO LACK OF PARTS, 392 CONSUMER BACK ORDERS. CONSUMER STATED VEHICLE WAS ALREADY MAKING NOISE. *AK

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.