



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 1375

Date Received

2003 AUG 22 AM 9:20
30-JUL-2003

Repository

Reference No.
10031549

OWNER INFORMATION (Type or Print)

Name

Address

City FORT BRAGG

State CA

Zip Code

Daytime Telephone Number

E-mail Address

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 a signature, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G4HR2R27UJ164148

Make

DODGE

Model

DURANGO

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

SPORT-DOOSE 707 9645915

Engine:

No. Cylinders

8

Fuel Type:

GAS

Original Owner

Dealer's City

FORT BRAGG

State

CA

Zip Code

95437

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

4 WH-DRIVE

VB-AUTO

Vehicle Component Code

821528 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

7-20-03

Failure Mileage

85,000

Failure Speed

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: DOTM15ABC036)

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), cause(s), 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 TOOK VEHICLE FOR ALIGNMENT SERVICE DUE TO EXCESSIVE TIRE WEAR. UPON INSPECTION, DEALER ADVISED CONSUMER COULD NOT PERFORM ALIGNMENT BECAUSE OF EXCESSIVE UPPER BALL JOINT WEAR. TAK

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.

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

ALL FOUR BALL JOINTS FAILED
BOTH FRONT TIRES BADLY WORN ON
INSIDES

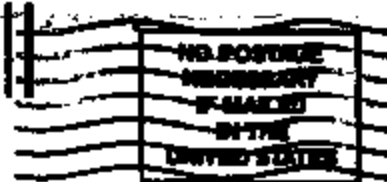
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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



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
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
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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