



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 252

Date Received
2003 SEP 12 AM 8:48
12-AUG-2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name: [Redacted] Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Address: [Redacted] Evening Telephone Number: [Redacted]
City: MONUMENT State: CO 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: 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B1HS28Y9WF117629
Make: DODGE Model: DURANGO Model Year: 1998
Date Purchased: 11/1997 Dealer's Name and Telephone Number: _____ Engine: No. Cylinders: 8 Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: _____ Antilock Brakes Powertrain: _____ Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-AUG-2003 Failure Mileage: 87,000 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: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire 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; i.e. parts repaired or replaced (and if old part is available).

BRAKE LINE HAS A HOLE INSIDE OF LINE WHICH IS CAUSING LESS BRAKING POWER. *AK
Loss of braking power was sudden + abs/brake lights came on.
Repair was in same location which was repaired by recall in Feb, 2000. Original repair did not work - isolator had become dislodged. Dealer paid for repair after prompting.

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.