



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
(1-888-327-4256)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received
2003 OCT -1 AM 11:27
27-AUG-2003

Repository
Reference No.
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(OWNER INFORMATION (Type or Print))

Name: [Redacted]
Address: [Redacted]
City: CAMBRIDGE State: MA 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: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4HS282XYE248970
Make: DODGE Model: DURANGO Model Year: 2000
Date Purchased: 6/9/00 Dealer's Name and Telephone Number: Peter Fuller Dodge
Original Owner: Dealer's City: Watertown Mass. State: MA Zip Code: 02472
Engine: No: Cylinders: 8
Transmission Type: Aut Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
 Cruise Control Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-AUG-2003 Failure Mileage: 39,000 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: 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), 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, i.e. parts repaired or replaced (and if old part is available).

THE UPPER BALL JOINTS WORE PREMATURELY AND CAUSED FRONT END TO COLLAPSE. *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 responses 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.