



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100192

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received
JUN 16 PM 2:05
28-OCT-2003

Repository
Reference No.
10044887

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ANNVILLE State PA Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 12-16-10-3

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B7GG22Y7X [Redacted]
Make DOOSE Model DAKOTA Model Year 1998
Date Purchased 1-7-99 Dealer's Name and Telephone Number LADD HANFORD (717) 273-4585
Original Owner Dealer's City LEHIGUAN State PA Zip Code 17042 Engine: No. Cylinders 8 Fuel Type: GAS
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain [Redacted]
Vehicle Component Code 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [Redacted] Failure Mileage 50000 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/S6R15) [Redacted]
DOT No. (Example: DOTM1ALBABC036) 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).

CONSUMER HAD BALL JOINTS REPLACED AT LEAST 6 TIMES. WHEN VEHICLE WAS TAKEN TO THE DEALERSHIP MECHANIC DID NOT TELL CONSUMER WHY BALL JOINTS CONTINUALLY FAILED. *AK
NEED TO BALL JOINTS AGAIN ON BOTH SIDES
LOWER LEFT & RIGHT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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 summarized summary thereof, may be used in support of the agency's action.