



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received 2003 DEC 24 AM 11:22 15 NOV 2003	Repository <input type="checkbox"/>
Reference No. 10048180	

NAME AND ADDRESS INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	Daytime Telephone Number
YONKERS	NY	[REDACTED]	[REDACTED]
			Evening Telephone Number
			Same
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 manufacturer's address to the vehicle manufacturer.  
 Signature of Owner [REDACTED] Date 11.28.03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4HS28Z0YF [REDACTED]	Make DODGE	Model DURANGO	Model Year 2000
Date Purchased 9/2000	Dealer's Name and Telephone Number WHITE PLAINS DODGE	Engine: No. Cylinders 8	Fuel Type: GAS
Original Owner <input checked="" type="checkbox"/>	Dealer's City WHITE PLAINS, NY	State NY	Zip Code 10606
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 021B20 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-JUL-2003	Failure Mileage 32,000	Failure Speed 0	WOULD NOT TAKE A FRONT END ALIGNMENT, TIRE SHOP DETERMINED RIGHT UPPER BALL JOINT FAILED
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make MICHELIN	Tire Model (Name or Number) XL3	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 RIGHT UPPER BALL JOINT FAILED AT 28,000 MILES. \*AK

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 statistical summary thereof, may be used in support of the agency's action.