



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 100161

Date Received

Feb 27
31-DEC-2003

Repository

Reference No.
10052200

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City EL CAJON State CA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO **RF**
In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B7GG22X8X _____
Make DODGE Model DAKOTA Model Year 1999
Date Purchased 3/25/99 Dealer's Name and Telephone Number SDCCU 619-457-2112 Engine: No. Cylinders 6 Fuel Type: GASOLINE
Original Owner Dealer's City SAN DIEGO, CA State CA Zip Code 92121
Transmission Type AUTOMATIC Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12/10/03 Failure Mileage 85160 Failure Speed (R) LOWER BALL JOINT LOOSE

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), 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).

THE STEERING FELT LOOSE WHEN DRIVING OVER BUMPS IN THE ROAD. THE VEHICLE WAS TAKEN TO THE DEALER WHO DETERMINED THE LOWER BALL JOINTS WERE WORN AND NEEDED TO BE REPLACED. PLEASE PROVIDED FURTHER DETAILS. *JB

THE VEHICLE WAS TAKEN TO MY LOCAL MECHANIC. HE CONTACTED THE INS. COMPANY FOR AUTHORIZATION TO REPAIR/REPLACE WORN LOWER BALL JOINTS TO (R) (R). THE JOB TOOK LONGER THAN EXPECTED, DUE TO EXTREME DIFFICULTY REMOVING OLD PARTS. NEW LOWER BALL JOINTS WERE INSTALLED AND VEHICLE NO HANDBLES AND PERFORMS LIKE NEW.

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.

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

THIS VEHICLE HAD BEEN TAKEN TO THE DEALER TWICE WHEN COVERED ON ORIGINAL NEW VEHICLE WARRANTY FOR LUMP FEELING IN STEERING. THEY COULD NOT FIND ANYTHING WRONG. (DOCUMENTATION ON FILE AND AVAILABLE ON REQUEST) OLD PARTS ARE GOING TO BE SENT TO WASHINGTON, D.C. AS PART OF POTENTIAL RECALL ACTION FOR THEIR INVESTIGATION.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



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NHTSA

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

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



Department of Transportation
for Highway Traffic Safety
NHTSA
Please use questionnaires

ALWAYS USE ZIP CODE