



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 100147

Date Received: 2004 FEB 19 PM 2:26  
07-JAN-2004  
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: GREENWOOD State: AR Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:  
Evening Telephone Number:

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: 3B7HC13Z6V [REDACTED]  
Make: DODGE Model: 1500 Model Year: 1997  
Date Purchased: 1-2-97 Dealer's Name and Telephone Number: BREEDING Dodge  
Engine: No. Cylinders: 8 Fuel Type: UNLEADED GAS  
Original Owner:  Dealer's City: FORT SMITH State: AR Zip Code:  
Transmission Type:  Antilock Brakes Powertrain:  Cruise Control  
Vehicle Component Code: U21520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-DEC-2003 Failure Mileage: 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: 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).

WHILE DRIVING CONSUMER HEARD A LOUD NOISE COMING FROM THE FRONT OF THE VEHICLE. CONSUMER TOOK THE VEHICLE TO THE GAS STATION, AND MECHANIC INFORMED CONSUMER THAT THE UPPER BALL JOINTS WORE OUT PREMATURELY. \*AK

WHILE DRIVING, CONSUMER HEARD A LOUD NOISE COMING FROM THE FRONT OF THE VEHICLE. CONSUMER TOOK THE VEHICLE TO THE GREENWOOD TIRE & ALIGNMENT SHOP AND MECHANIC INFORMED CONSUMER THAT THE BALL JOINTS WORE OUT PREMATURELY

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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**