Form Approved O.M.B. No. 2127-0008

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 252

Date Received: 10-FEB-2004 (2004 MAR 17 AM 11:09)
Repository ☐
Reference No.: 10057863

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: SANTA MARGARITA | State: CA | Zip Code: 93453
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
E-mail Address:

Do you authorize MH [redacted] manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B4HR28Z11F519342	DODGE	DURANGO	2001

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
2-28-01	IVERSEN	805-925-9545	5.9	unleaded

Original Owner	Dealer's City	State	Zip Code
☐	Santa Maria	CA	93454

Transmission Type	Powertrain	Vehicle Component Code
☒ Antilock Brakes ☒ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION
		Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-FEB-2004	48,000	less than 1 mph	transmission shifter

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: DOTMAL9ABC038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TRANSMISSION WILL NOT ENGAGE WHILE SHIFTING THE GEARS. CONSUMER WAS ABLE TO DRIVE THE VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT TRANSMISSION NEEDED TO BE REPLACED. *AK

overhauled – Problem still exists.

* Transmission was repaired 4 times in 13 months. See attached service sheets. (Near accident due to shift indicator showing I was in Reverse. I was actually in drive and almost hit suv ahead of me.)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).