



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

2004 APR 7 0

FOR AGENCY USE ONLY 117

Date Received

AM 9:06
05-MAR-2004

Repository

Reference No.
10081416

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: DULUTH State: MN Zip Code: [REDACTED]

Daytime Telephone Number

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 a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 3/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B7GG22Y5XS261485
Make: DODGE Model: DAKOTA Model Year: 1999
Date Purchased: 4/99 Dealer's Name and Telephone Number: DULUTH DODGE 1-218-720-6123
Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: DULUTH MN. State: MN Zip Code: 55811
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: UNKNOWN
Vehicle Component Code: UPPER BALL JOINTS
021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-AUG-2003
Failure Mileage: Failure Speed: 50

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: DOT1MALBABC03B) 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 injuries.)

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).

CONSUMER WAS DRIVING APPROXIMATELY 45-50 MPH AND NOTICED THAT FRONT WHEELS WERE LOOSE AND WERE NOT RESPONDING WELL. ALSO, THERE WAS NOISE WHEN WHEELS HIT BUMPS OR CRACKS IN THE ROAD. TOOK VEHICLE TO INDEPENDENT MECHANIC, AND HAD THE FRONT UPPER BALL JOINTS REPLACED. ANOTHER INDEPENDENT MECHANIC DETERMINED THAT LOWER BALL JOINTS ALSO NEEDED REPLACEMENT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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).**